

**BEVILL STATE COMMUNITY COLLEGE**  
**CONFIDENTIAL INSTRUCTOR NOTICE OF DISABILITY DOCUMENTATION**

Instructor \_\_\_\_\_ Course \_\_\_\_\_

\_\_\_\_\_ has provided documentation regarding his/her disability. The following classroom accommodations are required upon request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have questions about the accommodations, please call me at \_\_\_\_\_

505/ADA Campus Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Adopted 12/11/96 Revised 4/00 OSS 7/01

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