

**VERIFICATION OF INDIVIDUAL STUDENT ACCOMMODATION (VISA)**

Student Name: **NAME**

Student ID: **ID NUMBER**

Valid through **MONTH YEAR**

Dear Faculty and Advisors:

This memo confirms that **STUDENT NAME** has met University disability eligibility criteria and has registered with Disability Resources (DR). In accordance with Section 504 of the Rehabilitation Act of 1973 and Title III of the Americans with Disabilities Act (1990), DR has approved the following accommodations for this student:

**ACCOMMODATIONS:**

While the student has been approved for the above listed accommodations, any student is free to choose whether or not to use his/her specific accommodations in each class.

It is the student's responsibility to speak with you about their academic needs. For students receiving exam accommodations, if you or a T.A. cannot proctor the exam, we can usually assist you. We will contact you to confirm your preferences before making any arrangements.

If a student requires a different exam date/time due to class scheduling conflicts, we refer them to faculty to discuss this issue. Once you approve such a request, we would appreciate you contacting DR to determine if DR can meet those new arrangements.

A student's status in Disability Resources should be treated with great sensitivity and kept confidential.

**CONTACT FOR QUESTIONS:**

Libby Lessentine or Laura Gross

Disability Resource Coordinators

314-935-5970

<http://disability.wustl.edu>

We invite you to visit our Web site for additional information on disabilities, accommodations, documentation criteria, and the policies and procedures of DR.