



Counseling and Disability Services
One Cumberland Square
Lebanon, TN 37087
(615) 547-1397

**Written Notice of Failure of Accommodation to Meet
a Need of a Student with a Disability**

Student Name: _____ Date: _____

Class: _____ Professor: _____

Please state your concern regarding the accommodation. Include an explanation of why the current accommodation(s) is/are not meeting your needs :

What suggestion(s) you have that you believe would make the accommodation(s) effective?

Signature of Student: _____

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DSO Office Use Only:

Date Received by DSO: ____/____/____ Received by: _____