

IOWA STATE UNIVERSITY

OF SCIENCE AND TECHNOLOGY

Student Accessibility Services
Dean of Students Office
1076 Student Services Building
2505 Union Drive
Ames, Iowa 50011-2030
515 294-7220
FAX 515 294-2397

Date: _____

Dear Students,

This letter is to inform you that a student in this classroom has a severe allergy to _____. Any exposure to _____ may cause a life-threatening allergic reaction that requires emergency medical treatment. The student and I are asking for your help to provide the student with a safe classroom environment.

It is important that the student strictly avoid this allergen in order to prevent a life-threatening allergic reaction. To reduce the chance of such an occurrence, I ask that you do not bring _____, or products containing allergen, into the classroom in your personal items, backpack, or on your skin or clothing.

The student and I appreciate your support of these procedures. Please contact me if you have any questions.

Instructor: _____

Contact Information: _____