

LETTER OF ACCOMMODATION RECEIPT FORM

Student Name: _____ A# _____

Semester & Year: _____

Student: *I acknowledge that my accommodations do not begin in a class until this form is signed by my instructor(s). I will obtain all signatures on one form and return it to DSS in person or by email once all signatures are received.*

Instructors: *Please sign below once the above named student has provided their Letter or Accommodation (LOA). Please direct any questions to Disability Support Services at 256.824.1997 or dssproctor@uah.edu.*

_____	_____	_____	_____
Course	Instructor's Name	Instructor's Signature	Date Signed
_____	_____	_____	_____
Course	Instructor's Name	Instructor's Signature	Date Signed
_____	_____	_____	_____
Course	Instructor's Name	Instructor's Signature	Date Signed
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Course	Instructor's Name	Instructor's Signature	Date Signed
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