

Letter of Accommodation Request Form

Name: _____ A#: _____ Date: _____

Semester & Year: _____ UAH Email: _____

Classes for which you are requesting accommodations:

Course #:	Course Name:	Instructor:
EH101	College Writing I	Shakespeare, William *Example only*

Any changes requested to original accommodations? If so, please describe:

Justification for new accommodations (Attach letter from physician):

I understand that confidentiality is not protected under ADA upon disclosure of my disability. Disability Support Services may discuss my disability with UAH campus personnel on a need-to-know basis while implementing my accommodations.

Student Signature

Date

Phone Number

*Please allow 24 hours for processing.
Disability Support Services will inform you once your request is approved or denied.*

(For DSS Office Use Only)

APPROVED _____ _____ Interim DSS Senior Coordinator	DECLINED _____ _____ Date
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