

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) and that all signatures must be on one form. This form must be returned to the DSS office after all signatures are received.

Instructors: Please sign below once you have been given this student's Letter of Accommodation (LOA). Any questions can be directed to the Disability Support Services Office at 256.824.1997 or dssproctor@uah.edu.

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