



Disability Support Services

University of Alabama in Huntsville

317 Wilson Hall
Huntsville, AL 35899
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dssproctor@uah.edu

Letter of Accommodation Request Form

General Information

Name: _____ A #: _____ Date: _____

Phone #: _____ UAH Email: _____

Term: Fall _____ Spring _____ Sum 5 wk-1 _____ Sum 5 wk-2 _____ Sum 10 wk _____

Class Information

Classes for which you are requesting accommodations:
You may also attach a copy of your schedule.

| <u>COURSE #</u> | <u>COURSE NAME:</u> | <u>INSTRUCTOR(S):</u> |
|-----------------|------------------------------|---------------------------------|
| EH 101 | Intro to English Composition | Austen, Jane ***Example Only*** |
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Any changes to original accommodations? If so, please describe:

Justification for new accommodation (Please attach letters/ support):

**Please allow extra processing time for new accommodations*

I UNDERSTAND THAT CONFIDENTIALITY IS NOT PROTECTED UNDER ADA UPON DISCLOSURE OF MY DISABILITY. THE OFFICE OF DISABILITY SERVICES MAY DISCUSS MY DISABILITY WITH UAH CAMPUS PERSONNEL (E.G. INSTRUCTORS) ON A NEED-TO-KNOW BASIS WHILE IMPLEMENTING MY ACCOMMODATIONS.

Student Signature

Date

Phone Number

Disability Support Services will inform you if requests for accommodations are not approved. Students should discuss exceptions with the Director of Counseling/Disability.

(For DSS Office Use Only)

| | |
|-------------------|----------------|
| APPROVED _____ | DECLINED _____ |
| EXCEPTIONS: _____ | |
| _____ | _____ |
| DSS coordinator | Date |