

Letter of Accommodation Request Form

Name: _____ A#: _____ Date: _____

Semester (Check one): Spring Summer Fall Year: _____ UAH Email: _____

Classes for which you are requesting accommodations:

Course #:	Course Name:	Instructor:
EH101	College Writing I	Frost, Robert <i>**Example only**</i>

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 personnel on a need-to-know basis while coordinating my accommodations.

Student Signature

Phone Number

*Please allow two business days for processing.
Disability Support Services will inform you once your request
is approved or denied.*

(For DSS Office Use Only)

APPROVED _____

DECLINED _____

Senior Coordinator

Date