

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: |
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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 by UAH email once
your request is approved or denied.*

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|---|---------------------------|-------------------------------------|
| APPROVED _____ _____ Senior Coordinator | (For DSS Office Use Only) | DECLINED _____ _____ Date |
|---|---------------------------|-------------------------------------|