Accommodation Letter Request Form
(For Previously Registered Students Only)
Accommodation letters must be submitted by the student to each instructor. New letters must be obtained from ODS each semester.

Student Information:

Student ID: ____________________________

Full Name: __________________________________________________________________________

First          Middle          Last

Preferred Name: _______________________________________________________________________

Local or Campus Address:

____________________________________________________________________________________

Street Address                      Apt #

____________________________________________________________________________________

City                      State                    ZIP Code

Cell Phone: ____________________________

Home Phone: ____________________________

SVA E-mail address: ____________________________

*** NOTE TO STUDENTS – Beginning Spring 2013, ALL correspondence will be conducted via your SVA.EDU e-mail address. Please check this e-mail account or have your e-mail forwarded to an account you check regularly. It is your responsibility to check for correspondence via your SVA e-mail.

Class Level:  □ Freshman          □ Sophomore          □ Junior

                      □ Senior          □ Graduate          □ Continuing Education

                      □ Other (please specify) ____________________________

Current Semester/Year:  □ Fall __________       □ Spring __________

                      □ Summer __________
Accommodation Information:

What accommodations did you receive last semester? (Must be documented in your prior accommodation letter)
___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________

What accommodations do you want to continue using this semester? (Note: Any request for new accommodations will require you to schedule an appointment with ODS staff)
___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________

How many courses are you registered for this semester? ______________

Have there been any changes to the condition which qualifies you for disability services? (if yes, please explain)
___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________

Student Signature: ________________________  Date: ______________

ODS Staff Only:

Date Request Was Received: ___________  Date Letters Picked Up by Student: ___________