

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: _____