

Services for Students with Disabilities

Accommodation Request/ Release Form

Name _____ Student ID# _____
(Please print)

Semester: Fall J-Term Spring Year: 20__ __ Age: _____

Part I/Accommodation Request - I am requesting the following accommodations:

Course #/Title	Course Instructor	Accommodation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student's signature _____ Date _____

Signature of AEC personnel _____ Approved/Denied Date _____

Part II/Release of Information - I give my permission for the Accessibility and Disability Resources staff to discuss my case with the following offices and/or individuals when necessary or appropriate:

- | | |
|--|---------------------------|
| _____ Academic advisor | _____ Registrar's Office |
| _____ Health center | _____ Student Development |
| _____ Parents/guardians | |
| _____ Professors of current semester courses | |
| _____ Other support services on campus (specify) _____ | |
| _____ Outside agencies (specify) _____ | |

Student signature _____ Date _____