

# OFFICE OF DISABILITY ACCOMMODATION

Name (Please Print) \_\_\_\_\_ Today's Date \_\_\_\_\_

Student ID# \_\_\_\_\_ Phone # \_\_\_\_\_  
(NOT your EUID or SSN)

Semester During which you are requesting these accommodations \_\_\_\_\_

## ACCOMMODATION REQUEST FORM

Note: By signing this form, you have given ODA permission to disclose your status as a student with a disability/ies to your instructors. I understand that this form must be filled out accurately and completely to ensure timely processing of my request (accommodation letters are created within 48 business hours)

- Check the box if you wish to use all accommodations you have been approved for.
- If you are enrolled in an **ONLINE COURSE** and need your letters emailed to your instructors you **must** provide your instructor's email address(es), section and course numbers below. **APPLIES TO ONLINE COURSES ONLY students must verify receipt of emailed accommodation letters with instructors.**

\_\_\_\_\_  
Email/Course and Section Number

\_\_\_\_\_  
Email/Course and Section Number

\_\_\_\_\_  
Email/Course and Section Number

\_\_\_\_\_  
Email/Course and Section Number

- If you are requesting a new accommodation please list it below. (Please be aware that all requests for new accommodations must be reviewed by a counselor.)

\_\_\_\_\_  
\_\_\_\_\_

**Letters must be picked up at the ODA and hand delivered to the instructor each semester.** Accommodations are effective upon receipt of a letter of accommodation by your instructor. **Accommodations do not automatically carry over into the next semester.** This form must be turned in at the beginning of each semester to the ODA in order for accommodation letters to be created. Remember to verify receipt of emailed accommodation letters for online courses with your professors. If you are requesting new accommodations or accommodations different than last semester call (940) 565-4323 to speak with a counselor.

Student's Signature \_\_\_\_\_ Date Requested \_\_\_\_\_

**Verification of Receipt:** Sign below only when you pick up your letters in our office.

Student's Signature \_\_\_\_\_ Date Received \_\_\_\_\_

(ODA USE ONLY) Counselor Name \_\_\_\_\_ Number of Copies: \_\_\_\_\_

ODA Signature \_\_\_\_\_ Date \_\_\_\_\_