Letter of Accommodation Request Form

NAME:	BANNER ID #:	E-MAIL: (must be legible)

TERM: FALL _____ SPRING _____ SU I _____ SU II _____ SU III _____

CLASSES FOR WHICH YOU ARE REQUESTING ACCOMMODATIONS: □ **Entire Schedule**

COURSE #	COURSE NAME:	INSTRUCTOR/INSTRUCTORS EMAIL ADDRESS:

I UNDERSTAND THAT CONFIDENTIALITY IS NOT PROTECTED UNDER ADA UPON DISCLOSURE OF MY DISABILITY. THE OFFICE OF SERVICES FOR STUDENTS WITH DISABILITIES MAY DISCUSS MY DISABILITY WITH JCU CAMPUS PERSONNEL (E.G. INSTRUCTORS) ON A NEED-TO- KNOW BASIS WHILE IMPLEMENTING MY ACCOMMODATIONS. I UNDERSTAND THAT MY LETTER OF ACCOMMODATION WILL BE TRANSMITTED ELECTRONICALLY VIA EMAIL AND THAT I AM RESPONSIBLE FOR CONTACTING MY INSTRUCTORS AND SUPPLYING THEM WITH A COPY OF MY LETTER OF ACCOMMODATION.

_____ _____ _____

Student Signature *Date* *contact number*

The office of Services for Students with Disabilities will inform you if requests for accommodations are not approved. Students should discuss exceptions with the Director of SSD.

APPROVED _____ DECLINED _____

EXCEPTIONS: _____

_____ _____

Allison West, Director Services for Students with Disabilities Date