

Disability Accommodation Requests

Disability Support Services

Name: _____ Semester: _____

Per Section 504 of the Americans with Disabilities Act, this student has provided documentation which qualifies him/her for the following academic accommodations:

_____ Extended testing time

_____ Quiet Testing Room

_____ Test Scribe

_____ Test Reader

_____ Note Taker

_____ Books on Tape

_____ Sign Language Interpreter

_____ Braille Materials

_____ Other (Please explain: _____)