



Disability Support Services
University of Alabama in Huntsville

317 Wilson Hall
Huntsville, AL 35899
T 256.824.1997 F 256.824.6672
dssproctor@uah.edu

Letter of Accommodation Request Form

General Information

Name: _____ A #: _____ Date: _____

Phone #: _____ Email: _____

Term: Fall _____ Spring _____ Sum 5 wk-1 _____ Sum 5 wk-2 _____ Sum 10 wk _____

Class Information

Classes for which you are requesting accommodations:
You may also attach a copy of your schedule.

<u>COURSE #</u>	<u>COURSE NAME:</u>	<u>INSTRUCTOR(S):</u>
EH 101	Intro to English Composition	Austen, Jane ***Example Only***

Any changes to original accommodations? If so, please describe:

Justification for new accommodation (Please attach letters/ support):

**Please allow extra processing time for new accommodations*

I UNDERSTAND THAT CONFIDENTIALITY IS NOT PROTECTED UNDER ADA UPON DISCLOSURE OF MY DISABILITY. THE OFFICE OF DISABILITY SERVICES MAY DISCUSS MY DISABILITY WITH UAH CAMPUS PERSONNEL (E.G. INSTRUCTORS) ON A NEED-TO-KNOW BASIS WHILE IMPLEMENTING MY ACCOMMODATIONS.

Student Signature *Date* *Contact Number*

Disability Support Services will inform you if requests for accommodations are not approved. Students should discuss exceptions with the Director of Counseling/Disability.

(For DSS Office Use Only)

APPROVED _____	DECLINED _____
EXCEPTIONS: _____	
_____	_____
DSS coordinator	Date