

ACCOMMODATION REQUEST FORM

Dear Student,

This form must be filled out accurately and completely to be turned in to the Office of Disability Services at Brescia University (disability.services@brescia.edu). Proper documentation must be submitted to ensure timely processing of your request.

Upon approval of accommodations, you will be provided with an accommodation letter. It is your responsibility to provide the Disability Services Coordinator with the names of your instructors for whom you wish accommodations. The Disability Services Coordinator will then send your letter to each instructor, at your request. Each module or semester you will need to request a new letter from the Office of Disability Services by email. Once the Office has your original request and documentation, that information will not necessarily need to be re-submitted each semester.

Student Name (please print) : _____ Request Date : _____

REQUESTED	APPROVED	ACCOMMODATION
_____	_____	Assistance in acquiring downloadable books
_____	_____	Auxiliary Device usage
_____	_____	Calculator usage
_____	_____	Classroom with reduced distractions
_____	_____	Excused absences due to pregnancy-related illness (doctor's note req.)
_____	_____	Exemption from reading out loud in class
_____	_____	Exemption from speaking out loud in front of a group
_____	_____	Extended time for testing
_____	_____	Preferential Seating
_____	_____	Quiet place for testing
_____	_____	Tape recording of lectures
_____	_____	Other: _____

Signature : _____ Approval Signature : _____

Date : _____ Date : _____

Contact Telephone No : _____

Brescia University
Office of Disability Services
717 Frederica Street
Owensboro, KY 43201
Disability.services@brescia.edu