Request to Receive Reasonable Academic Disability Accommodations

Name ____________________________________________  UR ID # __________________________

Class Year ______  Year/Semester Entered __________  □ Undergraduate  □ Graduate

Instrument or Major ____________________________________________  Dual Degree □ Yes □ No

For the purpose of requesting reasonable academic accommodations, I give permission to the Eastman Access Coordinator to discuss and release information about the existence of my disability to the following professors (please list the professor’s name and not the TA):

Professor ________________________________  Course Name __________________________  Course Number ______

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Professor ________________________________  Course Name __________________________  Course Number ______

Professor ________________________________  Course Name __________________________  Course Number ______

Professor ________________________________  Course Name __________________________  Course Number ______

Professor ________________________________  Course Name __________________________  Course Number ______

[ ] I do not wish to release information regarding academic accommodations at this time.

[ ] I acknowledge it is my responsibility to notify the Access Coordinator of any schedule changes.
[ ] I understand that if I am a Dual Degree student, it is my responsibility to also contact my Access Coordinator in the Center for Excellence in Teaching and Learning (CETL)
[ ] I understand that it is my responsibility to meet with my professors to discuss my learning needs ASAP to facilitate the arrangement of my specific accommodations. Extended time must be arranged for EACH exam.
[ ] I understand that I need to complete, sign, and submit a new request form each semester in order to receive the necessary accommodations.
[ ] I understand that academic accommodations are to be coordinated with professors in a timely manner, and within several days of needing the accommodation.
[ ] I understand that my UR email will be the primary form of communication used by the Access Coordinator and professors.
[ ] I understand last minute requests will not be provided and accommodations cannot be made retroactively.
[ ] I understand this information and other information about the existence of my disability, will remain confidential.

________________________________________  ____________________________
Signature of Student  Date

Revised 8/2015