

REASONABLE ACCOMMODATION REQUEST FORM FOR STUDENTS

Name: Date:

School/Program: Location:

Home Address:

City: State: Zip:

Home Phone: Cell Phone:

A. Questions to document the reason for accommodation request.

What disability(ies) are you identifying for which you are requesting accommodation(s)?

What, if any, student benefit are you having difficulty accessing?

What limitation is interfering with your ability to perform your academic requirements or access a student benefit?

Have you ever previously been provided accommodations for this disability?

Yes

No

If yes, when and what were they?

REASONABLE ACCOMMODATION REQUEST FORM FOR STUDENTS (cont.)

B. Questions to clarify accommodation(s) requested.

What specific accommodation(s) are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?

Yes

No

If yes, please explain.

Is your accommodation request time sensitive?

Yes

No

If yes, please explain.

C. Comments

Please provide any additional information that might be helpful in processing your accommodation request:

Signature:

Date:

*Please return this form to your school's Section 504 Coordinator who will coordinate with the University's Disability Coordinator in the Office of Human Resources, Equal Opportunity.
Refer to <https://www.uth.edu/hoop/section-504-coordinators.htm> for the list of Section 504 Coordinators. Every request will be evaluated on a case-by-case basis.*

If you have any questions, please contact your school's Section 504 Coordinator or the Disability Coordinator located in the Office of Human Resources, Equal Opportunity.