

Describe why the academic accommodation is required:

What is the time period/duration you expect will be needed for this academic accommodation?

Please provide any additional information that may be useful in processing your accommodation request. Please attach any relevant information/further pages if applicable.

Student Acknowledgement & Agreement Regarding Confidentiality:

I acknowledge that the personal information provided in relation to my academic accommodation request, including any supporting documentation, will be treated with the utmost confidentiality and will not be disclosed to any third parties without my explicit consent. This information will be maintained separately from my student file. I hereby give my consent for essential information to be shared with my instructor or other relevant individuals solely to the extent necessary to implement my academic accommodations.

Signature:

Date (MM/DD/YY):