



## ACCOMMODATIONS REQUEST FORM

Student Support Services

Complete this fillable form and print to sign OR print it out and complete (print neatly) and then sign before returning to your student support services contact.

\*First Name \_\_\_\_\_ \*Middle Name (Initial) \_\_\_\_\_ \*Last Name \_\_\_\_\_

\*OU Student ID Number \_\_\_\_\_ \*OU Email Address \_\_\_\_\_

Personal Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

\*Address \_\_\_\_\_

\*City, State, ZIP \_\_\_\_\_

\*Academic Advisor's Name \_\_\_\_\_ \*Expected Graduation Month/Year \_\_\_\_\_

### DISABILITY INFORMATION

\*Type \_\_\_\_\_

Nature of Documentation: ☐ IEP ☐ 504 Plan ☐ Medical Providers Form ☐ Form

### ACCOMMODATIONS REQUESTED

Attach another page if necessary.

TYPE	NOTES
EXAMPLE: Extended time on exams.	50% extra time on exams, quizzes.

\*Student Signature \_\_\_\_\_ \*Date \_\_\_\_\_