



Disabilities Accommodations Request & Plan GRIEVANCE FORM

Term in Use:

STUDENT INFORMATION

| | |
|-----------------|--|
| Name: | |
| Student ID: | |
| OU Email: | |
| Personal Email: | |
| Phone(s): | |
| Address: | |
| Advisor: | |

I, _____, do hereby appeal the decision of the Disability Services Coordinator and request a review by the ADA Coordinator. I have read the University Policy and I am familiar with the University policy and procedure in regard to the filing of a grievance and the process. I understand that the decision of the ADA Coordinator is a final decision. I acknowledge that I may have other rights or remedies and I acknowledge that I am free to seek legal counsel.

Student Signature

Date

Prepare for a Life of SignificanceSM