

Disability Services
(660)785-4478 phone
(660)785-4011 fax



McKinney Building
100 East Normal
Kirksville, MO 63501

Request for Academic Accommodations

Student Name: _____ Banner ID: _____

The Disability Services Office (DSO) provides accommodations to students with documented disabilities.

I, (name) _____, verify that on (date) ____/____/____, I requested the following academic accommodations from the Disability Services Office (DSO). I understand that the DSO Director will review the documentation I have provided and determine whether it is complete and whether the accommodations are reasonable. Generally, notification of approval or denial will be made within seven days after receipt of this document and supporting documentation.

Accommodation Requested: Please provide a brief description of the accommodation requested.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

DSO Certification: Accommodation deemed reasonable and is supported with current & appropriate documentation.

- Date approved: _____
- Date approved: _____
- Date approved: _____
- Date approved: _____
- Date approved: _____
- Date approved: _____
- Date approved: _____
- Date approved: _____

I verify that I understand that if the information I have provided is incorrect, if I decide that I do not need accommodations from Truman State University, or if I wish to appeal the approved/denied accommodations, I must contact the Disability Services Office immediately; and, when appropriate, must follow the guidelines outlined in the Academic Accommodations Appeals Process, which is available online or from the Disability Services Office.

Student's Signature

Date

Disability Services Director Signature

Date