Request for Accommodation Southern Adventist University

Disability Support Services (DSS)

		To provide equal access for me in	
Requested Accommodation(s)	Explanation (why my request is needed for equal access)	Class (Name)	Other (specify)
☐ Extended time ontests ☐ Lower distraction testing environment ☐ Note-taking assistance in the form of ☐ Note-taker ☐ Use of laptop ☐ Audio recording ☐ Use of LiveScribe SmartPen ☐ Other		☐ All classes ☐ The following class(es):	
☐ Technology assistance ☐ e-texts/recorded texts ☐ Voice recognition applications ☐ Text-to-speech applications ☐ FM listening device		☐ All classes ☐ The following class(es):	
Other (Be Specific)		☐ All classes ☐ The following class(es):	
Other (Be Specific)		☐ All classes ☐ The following class(es):	
, (print name), taff members, in consultation with appropriate profession equested accommodations are reasonable and appropriate profession and appropriate profession equested accommodations are reasonable and appropriate profession and appropriate profession are reasonable and appropriate profession and appropriate profession are reasonable are reasonable are reasonable and appropriate profession are reasonable are reasonable and appropriate profession are reasonable are reasonable and appropriate profession are reasonable are reaso	onals, will review this request, along with te. I also understand that the committee	might offer alternative accommodations.	
Student signature Date of stude	ant signature	DSS staff signature	Date of staff signature