



University of Maine at Augusta

STUDENT DISABILITY ACCOMMODATION REQUEST

I am requesting accommodations for: Semester \_\_\_\_\_ Year \_\_\_\_\_

Name: \_\_\_\_\_ Student I.D. # or D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_@maine.edu

Do you expect to graduate at the end of this semester? YES \_\_\_\_\_ NO \_\_\_\_\_

- 1. Accessible classrooms/facilities 4. Tape recorder in class 7. Reader for tests
2. Electronic texts (CD) 5. Interpreters 8. Scribe for tests
3. Enlarged print materials 6. Note Taker 9. Quiet separate test location
10. Extended time on tests

11. Alternative seating (specify): \_\_\_\_\_

12. Adaptive technology (specify): \_\_\_\_\_

13. Other (specify): \_\_\_\_\_

Table with 4 columns: Class # (i.e. 30798), Course (i.e. HUS 215), Campus/Center/Online, Accommodation #'s

Please check one:

I give permission to release any information related to my disability to program staff, Administrative Services, my instructor(s) and their respective division/program chairs that might help in the understanding of my special needs and provision of services.

OR

I give permission to disclose only that I have a documented disability, but not the nature of that disability, to program staff, Administrative Services, my instructor(s) and their respective division/program chairs.

Student Signature

Date

Staff Signature

Date

Date request received by Learning Support Services: \_\_\_\_\_

NOTE: Accommodations are not automatically renewed and must be requested by the student each semester. Specific accommodations are determined on the basis of the nature of the disability and the requirements of each course.