



Accommodation Request Form

Student's Name: _____
School: _____
Home phone: _____
Cell phone: _____
Class: _____

Please describe the nature:

Accommodations you are requesting:

Should there be an emergency, will you need assistance? Yes No

You are required to provide medical documentation according to the attached guidelines. Your documentation should be no more than three years old.

I understand that submission of this form does not guarantee the accommodation(s) requested. I agree to work with the School Services office to determine appropriate and reasonable accommodation(s) while a student at UMMS. I grant permission to School Services Office to discuss my disability with my clinician, if needed.

Signed _____ Date _____

Please return this form to: Dr. Deborah Harmon Hines
School Services S3-104
55 Lake Avenue North
Worcester, MA 01655
Telephone: 508-856-2444
Fax: 508-856-4888

To be completed by Staff ONLY.

Final Accommodations Provided: _____
Cost: _____
Consult Conducted by _____ Date: _____