

**Tennessee Temple University**  
**Office of Academic Support**  
LRC 210  
423.493.4474

**Student Request Form**  
Disability Accommodation Services

1. I am requesting the accommodations indicated below.
2. I give permission for the Office of Academic Support to discuss my case with the appropriate Tennessee Temple University offices and personnel.
3. I have or will present the required documentation to support a disability as defined by the Americans with Disabilities Act.  
*(A.D.A. Title 1 at 42 US ss12112(d)(3) & (4);29 cfr ss 1630.14-1630.16)*

Student Printed Name: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

Available Accommodations – indicate desired

Notes provided by Professor (if available)  
Extended testing for all exams & quizzes: (time & ½)  
Seat in the front of class

Testing in private area (LRC 210 or other)  
Oral testing when appropriate (LRC 210 or other)  
Large print notes, handouts, exams & quizzes

Use of tape recorder in the classroom  
Use of a note-taker in the classroom  
Use of an interpreter