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