

EASTERN OKLAHOMA STATE COLLEGE

AMERICANS WITH DISABILITIES (ADA)
ACCOMMODATION REQUEST FORM

Name of Student: _____

Student ID # _____ Phone # _____

Requesting accommodation for the following limitation(s): **(Documentation required)**

Types of accommodation(s) you are requesting: _____

Semester for which you are requesting accommodation: _____

Signature of Student making request: _____

Date _____

Signature of VPAA or designee in receipt of this request: _____

Date _____