Student’s Formal Request for Accommodation Due to a Disability

Date: __________________

TO: The School ADA Liaison: ________________________(Listed School)

I request ADA/504 educational accommodation(s) due to a specific disability. The documentation of my qualified disability of a medical, learning and/or psychological diagnosis establishes a need for reasonable accommodations. This documentation will be shared and discussed with the Student ADA Coordinator at the Jamail Student Center, Room 2.126 and/or by phone number 409-747-4818. I understand and hereby authorize that this request is kept confidential in the Department office according to The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99).

From: __________________________________________
Student’s Name

___________________________________________
Student’s Signature