



Office of Disability Services & Resources
Subsequent Request Form for
Academic Adjustments and Modifications

My signature below verifies that:

- The personal information and/or requested accommodations on my original DSR Enrollment form has NOT changed. (If it has I will request a new form to update my records.)

- I am requesting accommodations for the semester listed.

Name: _____ A# _____

Semester: _____ Year: _____

Course Name:	Instructor Name:

Signature: _____ **Date:** _____