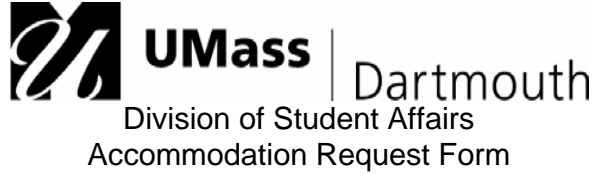


Center For Access and Success



Name: _____ Student ID#: _____ Date: _____

Address: _____ Semester: Fall ___ Spring ___ Summer ___

Telephone: _____

Please provide the following information requested in the chart below:

Name of courses enrolled in	Course Number	Section Number	Name of Professor	Notetaking For course (Yes/No)	Alternative Testing (Yes/No)	Extra tutoring (Yes/No)	Cart Service (Yes/No)	Sign Interpreter (Yes/No)

Additional Services: Reading Assistance: Yes ___ No ___ Mobility Assistance: Yes ___ No ___

I hereby release and hold harmless the Center For Access and Success of the University of Massachusetts Dartmouth and its employees from any liability for release of any information provided in accordance with this directive.

Student Signature: _____

Date: _____

Note: Accommodations cannot be made retroactively.