

**Center for Access and Success
Accommodation Request Form**

Name: _____ SSN: _____ Date: _____

Address at UMD: _____ 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's Signature: _____

Date: _____

Note: Accommodations cannot be made retroactively.