Disability Support Services
Accommodations Request Form
Returning Student

I _____, C# _____, Phone: (____)_____-_____

am visiting the office of Disability Support Services for the following (please check one option):

☐ I am requesting the same accommodations as last semester; no service providers

☐ I am requesting the same accommodations as last semester which includes the following service providers or auxiliary services*:

□ Notetaker □ Tutor □ Reader □ Scribe □ Interpreter
□ Auditory Access □ Assistive Technology □ Special Furniture

** Please schedule a ½ hr appointment with your Advisor to fill out the appropriate request forms*

☐ I need to change my accommodations*.

** Please schedule a ½ hr appointment with your Advisor to discuss this request*

For the semester of: □ **Fall** □ **Spring** □ **Summer**

► **PLEASE ATTACH A COPY OF YOUR CLASS SCHEDULE TO THIS FORM** ◄

Please remember your Advisor will contact you via your Ivy Tech e-mail regarding the status of your Accommodations Packet.

_____ _____

Student Signature Date

Student's Ivy Tech e-mail address: _____ @ ivytech.edu

* NOTE: *Any accommodations requiring an appointment with your Advisor will NOT be processed until that meeting occurs; please schedule your appointment today!*

For Office Use Only:

☐ EL ☐ INS.DOC ☐ INEL Banner Code: _____

☐ EE Student Notified FNF prepared; Date: _____ , Via: ☐ e-mail ☐ DSS office ☐ USPS

Disability Support Services
Ivy Hall 1323
(765) 269-5615