



# Disability Support Services Accommodations Request Form Returning Student

Student Name \_\_\_\_\_ C number \_\_\_\_\_ Phone Number \_\_\_\_\_

I 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\*:

- a Notetaker     a Scribe     Reader     Interpreter     VR apv tutor
- Auditory Access     Assistive Technology     Special Furniture

\* Please schedule a 1 hr appointment with your Advisor to fill out the appropriate request forms

I need to change my accommodations\*.

\* Please schedule a 30 minute 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: \_\_\_\_\_     e-mail

EE    Student Notified FNF prepared; Date: ---'---, Via:  DSS office     USPS

Disability Support Services  
1815 E. Morgan Street,  
M101  
(765) 252-5539

