



Letter of Accommodation Request Form

Student Name: _____ A Number: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone Number: _____ Date of Birth: _____
Drake State Email Address: _____

Select One Term: Fall Spring Summer Select

appropriate request:

- First time requesting academic adjustments and modifications
- Request the same academic adjustments and modifications as previous term
- Request to meet with Disability Support Services/ADA Staff to discuss different academic adjustments and modifications

Justification for new accommodations (Attach Letter from physician):

*Your Letter of Accommodation (LOA) will be emailed to your Drake State email address

I understand that confidentiality is not protected under ADA upon disclosure of my disability. Disability Support Services may discuss my disability with Drake State personnel on a need to know basis while coordinating my accommodations.

You are responsible for discussing your academic adjustments and modifications with your instructor (s) select one of the options below:

- I authorize the Disability Support Services/ADA office to provide my ADA letter to my instructor(s)
- I do not authorize the Disability Support Services/ADA office to provide my ADA letter to my instructor(s)

Student Signature: _____ **Date:** _____

For Office Use Only:

Approved Declined

Signature: _____ Date: _____

Revised 05/2023