



Request for Classroom Accommodations

This form and additional documentation must be completed in its entirety to be reviewed and processed by the Office of Student Affairs.

Today's Date: _____

Please provide accurate contact information:

Full Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Universal Identification Number (UIN): _____

TAMU E-mail Address: _____

Student's Phone Number(s): _____

Select your program: J.D. _____ **OR** Graduate Student: In-Person _____ Online _____ San Antonio _____

Please enter your class schedule below:

Class	Section	Professor	Day	Time

What is your disability or disabilities?

Potential Accommodations: What types of accommodations/services are you hoping to receive, or have received?

Does your disability require accessible format textbooks?

_____ Yes _____ No (If no, skip to Additional Documentation on back.)

If yes, which disability or disabilities require accessible format textbooks?

If yes, what type of accessible format are you hoping to receive, or have received in the past?

If you indicated the need for accessible format textbooks, please enter your textbook information below:

ISBN	Author	Title	Edition	Year
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Additional Documentation:

1. Students must attach a copy of their class schedule to the Accommodation Request Form.
2. Students must attach a syllabus for each professor/class in which they are seeking accommodations.
3. Students must submit any other medical-related or other documentation that will help the Office of Student Affairs better understand their needs. Additional medical documentation of the student should be submitted with this form and could include assessments, reports, and/or letter from qualified evaluators, professionals, or institutions. Common sources of documentation are health care providers, psychologists, diagnosticians, and/or information from a previous school (e.g., accommodation agreements/letters, 504, IBP, or ARD documents).
4. Students may supplement this form with an additional narrative by providing a letter that further describes their disability and/or accommodations they are requesting. Students may consider including information about their experiences related to their disability, barriers faced, and/or previous accommodations (effective or ineffective).

I certify that the information provided on this form and submitted documents are accurate and correct to the best of my knowledge. I understand that if any information is proven to be untrue, I am in violation of the Texas A&M University School of Law Student Code of Conduct.

Signature: _____ **Date:** _____

Submitting Information:

The Office of Student Affairs will consider all relevant information submitted. Information will be reviewed on an individual, case-by-case basis. Please submit your requests to the Office of Student Affairs as soon as possible. Please plan accordingly when requesting accommodations to provide two weeks for processing.

If you have any questions about the office or the process for requesting accommodations, please contact the Office of Student Affairs at (817) 212-4111 or law-disability@law.tamu.edu.

The Classroom Accommodations Request Form and all other information may be submitted in person, delivered via mail at the address below, fax to (817) 212- 3891, or sent through FileX. All medical documentation electronically sent must be through FileX or fax to ensure confidentiality.

Texas A&M School of Law
Office of Student Affairs
Assistant Dean for Student Affairs
1515 Commerce Street
Fort Worth, TX 76102