



## 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 as this will be used for future communications:**

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 in the past?

**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:**

Before submitting this documentation, please email the Assistant Dean for Student Affairs ([rjeffers@law.tamu.edu](mailto:rjeffers@law.tamu.edu)) your intent to request accommodation.

The Office of Student Affairs will consider all relevant information submitted by the student. Submitted information will be reviewed on an individual, case-by-case basis. Please submit your requests to the Assistant Dean for 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) 212-4020.

The Accommodation Request Form and all other information may be submitted in person or delivered via mail at the following address. You may also fax documentation to (817) 212- 3891. All medical documentation must be sent through FileX 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