

**REQUEST FOR ACCOMMODATION LETTERS  
DISABILITY RESOURCE CENTER  
SOUTHERN UTAH UNIVERSITY**

Student's Name \_\_\_\_\_ T-Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Semester:  Fall     Spring     Summer 20\_\_\_\_ Phone No. \_\_\_\_\_

Course Number <i>Example: BIOL 1610-01</i>	Instructor's Name

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

***The ADA Coordinator will complete the following:***

<input type="checkbox"/> Time and a Half for Exams	<input type="checkbox"/> Exam Reader	<input type="checkbox"/> Notetaker in Class
<input type="checkbox"/> Isolated Exam Space	<input type="checkbox"/> Double Time for Exams	<input type="checkbox"/> Use of Audio Recorder in Class
<input type="checkbox"/> Distraction-Reduced Exam Space	<input type="checkbox"/> Books in an Alternate Format	
<input type="checkbox"/> Other:		

Signature of Coordinator \_\_\_\_\_ Date \_\_\_\_\_