



## Accommodation Review Form

Students requesting a review of approved accommodations should complete the form below and may also request an appointment for further discussion. Additional documentation may be required to support revised accommodations. Please complete the form below and submit to the Student Access Center.

**Student Information and Request**

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ 900#: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Pronouns:  She/Her/Hers  He/ Him/ His  They/Them/Theirs  Other: \_\_\_\_\_

Preferred Contact #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Spelman Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Local Address or Residence Hall Assignment:

	Street	City	State	Zip Code
--	--------	------	-------	----------

Permanent Address:

	Street	City	State	Zip Code
--	--------	------	-------	----------

**Requested Accommodation(s):**

---



---



---

**Please explain the disability-related basis for the accommodation(s) requested above.**

---



---



---



---

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date