

Services for Students with Disabilities

You must provide professional **documentation** of any changes in order to qualify for academic accommodations. Accommodations can only be provided after these conditions are met.

ACCOMMODATIONS

1. Please list accommodations you are requesting for this semester. Check if this is a new or existing accommodation.

New Exist

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2. Please note any additional information that may assist the Student Services with providing you with reasonable accommodations.

3. Please update any changes regarding outside agencies from which you are receiving assistance:

New Agency _____

Name of Counselor _____

Phone (_____) _____

Signature of Student or Designated Representative

Please return this form to: AGTS, Office of Student Services, 1435 N. Glenstone Ave
Springfield, MO, 65802, Fax: 417-268-1001