Request for Accommodations Form

To request academic accommodations, complete all sections below. Visit the Registrar’s website to obtain information required.

Name: ____________________________________________

Date: ________________________ Radford ID#: ____________________________

Class schedule changes require a new form to be submitted. Contact your assigned Disability Services Specialist with questions.

Which campus site attending:

☐ Roanoke Higher Ed Center  ☐ Radford Campus  ☐ Other: __________________________

Semester in which accommodations are being requested:

☐ Fall  ☐ Wintermester  ☐ Spring  ☐ Maymester
☐ Summer 1  ☐ Summer 2  ☐ Summer 3  ☐ Augustmester

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Section Number</th>
<th>Location</th>
<th>Professor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In the event of a campus emergency, do you:

☐ have a mobility concern that would require an emergency responder to assist?

☐ need an emergency responder for medical transport to a hospital to receive time sensitive medications for a current medical condition?

If changes are needed or students are unsure, contact a Disability Services Specialist.

Signature: ____________________________________________

Revised February 2016