INDIANA**TECH**

REQUEST FOR ACADEMIC ACCOMMODATIONS

Student Name: _____

Best way to contact student (cell phone #, Email, etc.): _____

_____

Please list the specific academic accommodations you are requesting:

_____

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Notification of Professors:
I understand that it is my responsibility to give my professors a copy of my Access Plan and to let them know when I will need to use my accommodations. _____ (initial)

Signature of Student: _____ Date: _____

Signature of SSD Coordinator: _____ Date: _____