



Office of Academic and Student Affairs

Student Access

Mail code: L601
3181 S.W. Sam Jackson Park Road
Portland, OR 97239-3098
tel 503 494-5657 fax 503 494-4916

STUDENT ACCESS ACCOMMODATION REQUEST FORM

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

Name: \_\_\_\_\_
Last First Middle Initial

Email Address: \_\_\_\_\_

Local Address: \_\_\_\_\_

City State Zip Code

Local Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Request For:

Term: \_\_\_\_\_ Year: \_\_\_\_\_ School & Program: \_\_\_\_\_

General Accommodation Request (this includes accommodations at clinical sites) Please be specific:

Four horizontal lines for general accommodation request details.

Specific Course Accommodation Requests:

Course# Where Prof./instructor Requested accommodation

All accommodation requests must be supported by disability documentation on file with Student Access.