



Student Disability Services/ADA
 PO Box 2216, Decatur, AL 35609
 Phone 256-306-2630 • Fax 256-260-2447

Request for Academic Adjustments and Modifications

Name: _____ **Student ID#:** _____ **Date of birth:** _____

Phone Number: _____ **Calhoun email:** _____

1. Select ONE term: Fall _____ Spring _____ Summer _____

2. Select appropriate request:

- _____ First time requesting academic adjustments and modifications
- _____ Request the same academic adjustments and modifications as previous term
- _____ Request to meet with Student Disability Services/ADA staff to discuss different academic adjustments and modifications

3. Your ADA letter will be emailed to your Calhoun email address.

4. Select one of the options below:

- _____ I authorize the Student Disabilities Services/ADA office to provide my ADA letter to my classroom and clinical/field experience instructor(s).
- _____ I do not authorize the Student Disabilities Services/ADA office to provide my ADA letter to my classroom and clinical/field experience instructor(s).

5. I authorize the Student Disability Services/ADA office to discuss/release information to the following people (Please print full names & relationships).

6. I authorize the Student Disability Services/ADA office to discuss/release information to:

___ Testing Center ___ STAR Institute ___ Math Lab ___ Writing Lab

7. Your instructor will contact you regarding the use of academic adjustments in your course. If your instructor does not contact you within five (5) days of receipt of your letter, please notify the Student Disability Services/ADA Office.

8. If you review your ADA letter with your instructor(s), ask each instructor to return an acknowledgement receipt.

Student Signature _____ Date _____