

## STUDENT REASONABLE ACCOMMODATION REQUEST

Student Name \_\_\_\_\_

Program Year \_\_\_\_\_

Program Area \_\_\_\_\_

### A. Accommodation needed

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?

 Yes 

 No 

If yes, please explain.

Is your accommodation request time sensitive?

 Yes 

 No 

### B. Reason for the accommodation request

What, if any, functions of your program are you having difficulty performing?

What, if any, program components are you having difficulty accessing?

Have you had any accommodations in the past for this same limitation?

 Yes 

 No 

If yes, what were they and how effective were they?

### C. Other

Please provide any additional information that might be useful in processing your accommodation request:

### D. Authorization of Release of Information

*I authorize the release of information regarding my disability to SIU School of Medicine as deemed necessary by the Human Resources' ADA Liaison to facilitate this request for accommodation.*

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

### RETURN INSTRUCTIONS

- Send completed form to:  
[medstudentada@siumed.edu](mailto:medstudentada@siumed.edu)