



EASTERN CONNECTICUT STATE UNIVERSITY

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Office of AccessAbility Services

SERVICE REQUEST FORM

Date: Student ID#: Semester: Year:

Name: Cell Phone:

Directions: Please list your current class schedule and the accommodations you are requesting for each class. Also, please indicate if your courses are online or hybrid. You will be notified *on your Eastern email address* when your Letters of Accommodations are ready to be picked up or if there is a question/concern regarding your accommodation request.

Please Note: Current and sufficient documentation must be on file and must be in support of each accommodation that you request. By signing this form, you understand it is your responsibility to pick up your accommodation letters from the Office of AccessAbility Services and deliver them to your professor(s) each semester. Please note that accommodations are not retroactive and do not roll over each semester.

COURSE NUMBER	PROFESSOR	ACCOMMODATIONS
<i>PSY 100-02</i>	<i>Professor Smart</i>	<i>Extended time on tests</i>

Please sign:

Date: