ACCOMMODATIONS REQUEST POLICY FORM
Office of Disabilities and Accessibility Services (ODAS):
Whitten Student Center, Burbank Campus

To register with ODAS, complete this form and submit it to the Coordinator of Disabilities and Accessibilities Services in the Whitten Student Center. Students will be required to meet with the Coordinator of Disabilities and Accessibilities Services and submit proper documentation of the disability. Please refer to the Policy and Procedures for Accommodating Students and Applicants with Disabilities section of the Student Handbook for documentation guidelines.

Student Name: __________________________________________

Today’s Date: __________________________________________

Woodbury Email: ________________________________________

Phone: _____________________

Major Program: ________________________________

Anticipated Graduation Date: ________________

Please describe your disability or disabilities
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

How does your disability affect your academic performance and/or other aspects of your college experience?
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Please list your requested accommodation(s). Have you had these accommodations in the past? If so, how were they helpful?
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________