



*Alabama State University*

DISABILITY SERVICES

RETURNING STUDENT REQUEST OF ACCOMMODATIONS

INFORMATION SHEET

Please complete all information to assist you with being provided reasonable requested accommodations.

Date: \_\_\_\_\_ Current Semester: \_\_\_\_\_ Student I.D#.: \_\_\_\_\_

Students Name: \_\_\_\_\_ Sex: M / F Race: \_\_\_\_\_

Address: \_\_\_\_\_ City/ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Major: \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone#: (\_\_\_\_\_) \_\_\_\_\_

Classification (Circle One): Freshman    Sophomore    Junior    Senior    Graduate    Doctorate

Are there any other accommodations to be considered? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_