



## Services for Students with Disabilities

You must provide professional **documentation** of any changes in order to qualify for academic accommodations. Accommodations can only be provided after these conditions are met.

### ACCOMMODATIONS

1. Please list accommodations you are requesting for this semester. Check if this is a new or existing accommodation.

New    Exist

(    ) (    ) \_\_\_\_\_

(    ) (    ) \_\_\_\_\_

(    ) (    ) \_\_\_\_\_

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2. Please note any additional information that may assist the Student Services with providing you with reasonable accommodations.

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3. Please update any changes regarding outside agencies from which you are receiving assistance:

New Agency \_\_\_\_\_

Name of Counselor \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature of Student or Designated Representative

**Please return this form to:** AGTS, Office of Student Services, 1435 N. Glenstone Ave  
Springfield, MO, 65802, Fax: 417-268-1001