

DISABILITY SERVICES FOR STUDENTS (DSS) / DEAN OF STUDENTS OFFICE

302 Memorial Union, Kingston, RI 02881 • p: 401.874.2101 • TT via RI Relay: 1.800.745.5555 • f: 401-874-5694 • uri.edu/deanofstudents

## ACADEMIC ACCOMMODATION REQUEST

Name \_\_\_\_\_ Student ID: \_\_\_\_\_

Address while at URI \_\_\_\_\_

Residence Hall and Room # or Local Area Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Accommodations for:  Fall  Spring  Summer Year \_\_\_\_\_  
(current semester and year)

## STATEMENT OF RELEASE

1. I have participated in the development of this Academic Accommodation Request.
2. Use of E-Campus: Because we use e-campus for certain accommodations (like priority registration), your academic advisors and some administrators may know that you are registered with DSS. However, all personal and medical information provided by DSS remains confidential and separate from University records.
3. I authorize DSS to produce letters and speak with professors and other URI professionals on my behalf in order to secure these accommodations.

In addition, I authorize DSS to release information to and request information from the following:

parents/guardians  Other providers: \_\_\_\_\_

This release is valid for one year from the date of signature, unless revoked sooner.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of DSS Representative

\_\_\_\_\_  
Date