

**ACADEMIC ACCOMMODATION REQUEST  
and PERMISSION TO RELEASE AND REQUEST RECORDS**

DSS Office use only: Contact Date: _____	Date Letter Completed: _____	By: _____
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Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Local Address: \_\_\_\_\_  
(Residence Hall and Room # or Rhode Island Address)

Telephone: \_\_\_\_\_ / \_\_\_\_\_  
(Cell) (Home)

URI Email Address: \_\_\_\_\_

Semester/Year : \_\_\_\_\_  
(Fall Spring Summer)

E-Campus / Sakai Sign On ID: \_\_\_\_\_

**Statement of Release**

1. I have participated in the development of the Academic Accommodation Request as described on the reverse side and give informed consent for its implementation.
2. I authorize staff of Disability Services, Office of Student Life, URI to release information to and request information from parent(s), guardian(s), health care, educational and social service professionals in order to help secure these accommodations for me. This release will be valid for one year from the date of signature, unless revoked sooner.
3. *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 & medical information provided to Disability Services remains confidential and separate from university records.*

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

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

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

1. CourseCode (i.e.. MTH107)      Sec.# (i.e. 0002)      Professor (Last Name /First Initial)

Academic Accommodations (**office use only**):   MT-xtime      MTP-pvt space      NT

2. CourseCode (i.e.. MTH107)      Sec.# (i.e. 0002)      Professor (Last Name /First Initial)

Academic Accommodations (**office use only**):   MT-xtime      MTP-pvt space      NT

3. CourseCode (i.e.. MTH107)      Sec.# (i.e. 0002)      Professor (Last Name /First Initial)

Academic Accommodations (**office use only**):   MT-xtime      MTP-pvt space      NT

4. CourseCode (i.e.. MTH107)      Sec.# (i.e. 0002)      Professor (Last Name /First Initial)

Academic Accommodations (**office use only**):   MT-xtime      MTP-pvt space      NT

5. CourseCode (i.e.. MTH107)      Sec.# (i.e. 0002)      Professor (Last Name /First Initial)

Academic Accommodations (**office use only**):   MT-xtime      MTP-pvt space      NT

6. CourseCode (i.e.. MTH107)      Sec.# (i.e. 0002)      Professor (Last Name /First Initial)

Academic Accommodations (**office use only**):   MT-xtime      MTP-pvt space      NT

**PROGRAM ACCOMMODATIONS:**

Foreign Language Substitution: \_\_\_\_\_ Academic Major: \_\_\_\_\_ Date Petition Sent: \_\_\_\_\_

Reduced Course W/ Full Time Status: \_\_\_\_\_ Other course substitution:   Course #: \_\_\_\_\_

Priority Registration: \_\_\_\_\_

Other: \_\_\_\_\_