



**Student ADA Accommodation Request Form**

Student's Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Class: \_\_\_\_\_

Please describe the nature of your disability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accommodations you are requesting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of an emergency, will you need assistance?      Yes      No

**You are required to provide medical documentation according to the guidelines on Student ADA website: [www.umassmed.edu/ada](http://www.umassmed.edu/ada). Your documentation should be no more than three years old.**

*I understand that submission of this form does not guarantee the accommodation(s) requested. I agree to work with the Student ADA Coordinators to determine appropriate and reasonable accommodation(s) while a student at UMMS. I grant permission to the Student ADA Coordinators to discuss my disability with my clinician(s), if needed.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to one of the Student ADA Coordinators below:

Dr. Deborah DeMarco  
GME S2-338

or

Dr. Dawn Carpenter  
GSN S1-853  
55 Lake Avenue North  
Worcester, MA 01655

\_\_\_\_\_  
To be completed by Staff ONLY.

Final Accommodations Provided: \_\_\_\_\_  
Cost: \_\_\_\_\_ Consult  
Conducted by \_\_\_\_\_ Date: \_\_\_\_\_