

Office of Accessibility & Veterans Affairs

Director, Derriya Sankey

P.O. Box 271

Montgomery, AL 36101-0271

dsankey@alasu.edu or disabilityservices@alasu.edu

334-229-5127

RETURNING STUDENT APPLICATION *for* ACCOMMODATIONS



Please complete the information below to begin the process for receiving Accommodations. This form must be completed each Semester to notify your Professors of your needs.

Student's Name _____ Date _____

Student ID# _____ Current Semester _____

Sex: Male/Female _____ Race _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Home Phone # _____ Cell Phone # _____

Major Course of Study _____ Minor _____

Classification:

Freshman Junior Doctorate

Sophomore Senior Graduate

Are there Accommodations required for the successful completion of your coursework?

Yes _____ No _____

If you replied yes, please identify your needs: _____

