

**CLAYTON STATE UNIVERSITY (CSU)
DISABILITY RESOURCE CENTER
ACCOMMODATION REVIEW FORM**

Students requesting a review of approved accommodations should complete the form below, and may also request an appointment for further discussion. Additional documentation may be required to support revised accommodations.

Please fill out the information below and return it to:

Disability Resource Center
Edgewater Hall, Suite 255
Fax #: (678) 466-5467

Name: _____ Phone: _____

CSU E-Mail: _____ Laker ID: _____

Requested accommodation(s):

Please explain the disability-related basis for the accommodations requested above (Use back of form, if necessary):

Student Signature: _____ Date: _____

DRC STAFF NOTES

Accommodation Determination:

1. _____ Approved Not Approved

2. _____ Approved Not Approved

DRC Staff Member Signature: _____ Date: _____