ACCOMMODATION REQUEST FORM

For Tests Provided by UTSA Testing Services

THIS SECTION TO BE COMPLETED BY STUDENT:

NOTE: This section must be complete and students must be registered for services with Student Disability Services (MS 3.01.16, 210-458-4157) in order to process your request for testing accommodations in UTSA Testing Services, MS 1.01.04.	
	Email:
Address:	
	Alt. Contact Number:
Accommodations are requested for the	following test (please specify):
Anticipated test date:	
(Note: Student Disability Services requi	ires at least 5 business days to process your request)
Please list the specific accommodations	you are requesting:
I have read and understand the require accurate information.	ments for obtaining testing accommodations and have submitted
Student Signature:	Date:
THIS SECTION MUST	T BE COMPLETED BY STUDENT DISABILITY SERVICES:
The following accommodations have be	een approved by Student Disability Services.
Student Disability Services:	Date:

You may be entitled to know what information the University of Texas at San Antonio collects concerning you. You may review and have UTSA correct this information according to procedures set forth in UTS 139. The law is found in sections 552.021, and 559.004 of the Texas Government Code.