
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.

Name: _____

UTSA Banner ID: _____ Email: _____

Address: _____

Contact Number: _____ Alt. Contact Number: _____

Accommodations are requested for the following test (please specify): _____

Anticipated test date: _____

(Note: Student Disability Services requires at least 5 business days to process your request)

Please list the specific accommodations you are requesting:

I have read and understand the requirements for obtaining testing accommodations and have submitted accurate information.

Student Signature: _____ Date: _____

THIS SECTION MUST BE COMPLETED BY STUDENT DISABILITY SERVICES:

The following accommodations have been approved by Student Disability Services.

Student Disability Services: _____ Date: _____