

**TEXAS A&M UNIVERSITY-TEXARKANA  
SPECIAL ACCOMMODATIONS REQUEST**

Requests for accommodations must be accompanied by appropriate documentation of the disability from a professional qualified to diagnose the disability.

Name \_\_\_\_\_ CWID# \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Description of Disability \_\_\_\_\_  
\_\_\_\_\_

Semester first enrolled at TAMU-T \_\_\_\_\_ Today's Date \_\_\_\_\_

Requested Accommodations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please attach a copy of your schedule for the current semester.**

I certify that the above accommodations are requested by me and authorize the release of information concerning my disability to Texas A&M University-Texarkana staff/instructors that have a legitimate educational need to know for purposes of providing me instruction and/or services at TAMU-T.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes: