

Accommodation Request Form- Student Contact Information:

Full Name: _____ Blinn ID #: _____

Student Phone #: _____ BUC Email: _____

DOB: _____ Which semester are you requesting accommodations? _____

Please indicate if you are:

Select Campus:

DARS Consumer
Health Science Center Student
Veteran/Active Duty/Reserve
Student Athlete

Disability Information:

What is your disability?

How does your disability affect you as a student?

List any current medications and/or treatments you receive and any related side effects:

Potential Accommodations:

What accommodations have you used in the past?

What accommodations are you requesting?

Incoming freshman: Are you requesting accommodations on the TSI exam? Yes No

New Student Orientation Date:

Brenham students, are you requesting housing accommodations? Yes No

If yes, describe your accommodation request:

Please attach supporting documentation (i.e. physician's letter, 504 paperwork, etc.) for our office to review. Students will be contacted at their BUC email address.