



Office of Student Support Services * Cynthia McFarland, Director * disabilityservices@oru.edu

Fall 2021 Accommodation Renewal Form

Name: _____

Z Number: _____

Phone: _____

ORU Email: _____

Classification for Fall 2021: On-Campus Virtual Online

Do you currently receive academic accommodations? Yes No

Do you currently receive HPE accommodations? Yes No

If yes, please list the HPE course you are taking or need to take in the spring.

Do you currently receive any other accommodations? Yes No

(i.e. housing, dietary, service/support animal, elevator, etc)

Do you need to discuss changing your current accommodations? Yes (if yes, updated medical documentation may be required) No

Comments: _____

By signing this application, you agree to the following statements:

1. I certify that I am the student listed on this form and that all information is correct and complete. *Initials:*

2. I understand that I am initiating an accommodation review. *Initials:*

Signature: _____ Date: _____