



Student Support Services - Disability Services

Accommodations Renewal Form

(To be renewed each semester)

Name: _____ Date: _____

Phone: _____ ORU Email: _____

Birthdate: _____ Z Number: _____

Do you wish to discuss changing any of your current accommodations? Yes No

Have you completed your enrollment for the upcoming semester? Yes No

Are you planning on graduating after this upcoming semester? Yes No

If you receive HPE accommodations, is your HPE documentation current? Yes No N/A

Comments for our office: _____

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 true, correct, and complete. *Initials:*

2. I understand that I am initiating a disability eligibility review. *Initials:*

Signature: _____ Date: _____