

Date: _____

TO: DRP Students

FROM: Lisa Noshay Petro, Director
Academic Support Services
Disability Resource Program

RE: Tgs wupl 'Classroom and Exam' Ceeqo o qf cklpu'ht'Ur tlp '4234

Please fill in and return to Room 442, 198 McAllister or fax: 415-581-8807.

NAME: _____

Class: 1L / 2L / 3L Other: _____

Semester: Fall / Spring Year: _____

I do not intend to utilize accommodations during this semester.

I intend to provide my updated/current documentation in order for a determination of eligibility to be made.

I am a first year student or a student who has not previously received accommodations who is requesting accommodations for the first time from DRP.

Please contact me to set up a meeting regarding my accommodations.

I have provided current documentation and am requesting all accommodations to be continued from my last semester.
(Please list all accommodations requested in the box below.)