Great Basin College
Office of Services for Students with Disabilities
Accommodation Update Form

Date:_____ Term: _____

Name:_____
Last *First* *MI*

E-mail address:_____

Student Id #:_____

Please list accommodations that you feel that you need. All accommodations must be supported by documentation before being approved and cannot alter the basic nature of the course(s). If you are adding accommodations that were not approved in previous semesters, you may be asked to provide additional documentation in support of the request. Note that accommodations take time to put into place. Please request accommodations for each semester as early as possible to allow for adequate time to arrange for the approved accommodations. Once the accommodations are submitted to the Office of Services for Students with Disabilities, they will be evaluated on a case by case basis and you will be notified if any of the accommodations are denied. You will receive an accommodation memo and instructions for notifying your instructors of the approved accommodations. Please contact Julie G. Byrnes at 775-753-2271 with questions or concerns.

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Signature *Date*