



Yeshiva University

Office of Disability Services

REQUEST FOR REASONABLE ACCOMMODATIONS

Students who are seeking accommodations should review the guidelines for documentation listed on the [Office of Disability Services Website](#) and then complete the form below and return it with their documentation to the Office of the Disability services: BerenODS@yu.edu

Requests for accommodations will not be reviewed until supporting documentation is submitted.

Name: _____ Student ID#: _____ Program: _____

Please find the relevant category and then specify the nature of your disability on the line provided:

Specific Learning Disability: _____

ADHD: _____

Mobility: _____

Visual: _____

Auditory: _____

Emotional Disability: _____

Chronic Medical Conditions: _____

Speech Impairment: _____

Autism Spectrum Disorder: _____

Temporary Disability: _____

What specific accommodation(s) are you requesting? Please refer to the [ODS Website](#) for examples of reasonable accommodations. _____

This document will serve as written authorization for ODS to share information with university officials it deems necessary in order to consider and implement your accommodations.

Student Signature: _____ Date: _____