

# College of Dental Medicine

## Yeshiva University

### REQUEST FOR REASONABLE ACCOMMODATIONS

Students who have documented disabilities or medical conditions may be eligible for accommodations. Students who are seeking accommodations should review the guidelines listed at <https://www.yu.edu/Student-Life/Resources-and-Services/Disability-Services/doc-guidelines> and then complete the form below and return it to the Office of Disability Services [berenODS@yu.edu](mailto:berenODS@yu.edu)

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Program: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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

Learning , AD/HD: \_\_\_\_\_

Hearing: \_\_\_\_\_

Speech: \_\_\_\_\_

Emotional: \_\_\_\_\_

Visual: \_\_\_\_\_

Mobility: \_\_\_\_\_

Other: \_\_\_\_\_

What specific accommodation(s) are you requesting?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach all relevant documentation.** Requests for accommodations will not be reviewed until supporting documentation is submitted.

Please return this form and supporting documentation to the Office of Disability Services, [berenODS@yu.edu](mailto:berenODS@yu.edu)

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

Student Signature: \_\_\_\_\_