



RENEWAL Application for Academic Accommodations
2023 - 2024 Academic Year

Name:		Date:	
Banner ID:		Phone Number:	
SLU Email:		When do you expect to graduate?	
Disability diagnosis:			

Accommodations requested

I am requesting to continue the current academic accommodations I currently receive from SLU LAW.

List the previously approved academic accommodations from the last academic year you would like to continue using in the 2023-2024 academic year:

I am requesting to document a change in disability and/or a change to my disability accommodations.

Please describe the change in functional impact of your disability and the academic accommodations you are requesting. The review process for a change in accommodations usually requires an individual meeting to discuss needs and may require additional documentation prior to implementing accommodations.

Signature (Type initials if sending this electronically.)

Date

Release of Information

I, _____, hereby authorize and request that the SLU LAW Disability Services personnel be able to release and/or obtain all confidential information required in the course of the evaluations and treatments of my disability. *This information is to be used solely for the purpose of providing academic accommodations.* I give Disability Services personnel my permission to speak with the following people on my behalf without my need for additional consent:

By marking the following boxes, I give the Disability Services my permission to speak with the following people on my behalf solely for the purpose of providing and successfully arranging academic accommodations and related support services:

<input type="checkbox"/> SLU LAW Faculty and SLU LAW Staff	<input type="checkbox"/> Parents
<input type="checkbox"/> Healthcare providers (doctors, counselors, psychiatrists, psychologists, etc.)	<input type="checkbox"/> Service providers (Vocational Rehabilitation, interpreters, etc.)
<input type="checkbox"/> Other (spouse, guardian, etc.; please specify): _____	

I understand that I may revoke this authorization at any time by informing the above parties in writing, except to the extent that prior action has been taken on it. **This authorization will expire on August 1, 2024.** I will need to renew this release after this date in order to continue receiving accommodation.

In consideration of this authorization, I hereby release the above parties from any legal liability for the exchange of my information.

Student's Signature _____ **Date** _____

Optional Information:

Throughout the year, information about scholarship and employment opportunities for students with disabilities is sent to the Disability Services Office at the School of Law. Please check this box if you would like this information forwarded to you at your SLU email address.