



Office of Accessibility
Simmons Hall 105
Akron, Ohio 44325-6213
(330) 972-7928
TTY (330) 972-5764

Determination of Reasonable Accommodations Appeal Form

Name: _____ Student ID: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Currently Approved Accommodation(s): _____

Course or courses for which accommodation is being appealed: (include course number and instructor name)

What accommodations are you requesting? _____

Why do you believe your requested accommodations are appropriate? (Use additional paper if needed)

Describe any information that would support your request. (Use additional paper if needed)

Would you be interested in a 30 minute meeting with an Office of Accessibility representative? Yes ___ or
No ___.

If you are interested in a meeting, you will be contacted to schedule this meeting in receipt of your appeal form. Please be sure your contact information is complete and indicate where you can be reached by phone, TTY or e-mail between 8:00 a.m. and 5:00 p.m. Monday through Friday.