

Student Disability Services

SEMESTER REQUEST

DATE: _____

NOTE: Students approved for **and requesting** *notetaking, reader/scribe for exams, accessible format reading materials, and flexible attendance and/or assignment deadlines* **MUST** schedule an appointment to meet with an SDS staff member.

By submitting this form, I am requesting Instructor Notification forms for the following term(s)
Please check all that apply: 2nd Summer 2017 August Intersession 2017 Fall 2017

***I understand that I must give SDS 48 hours to create my Instructor Notification forms.
I also understand that I MUST present a picture ID when picking up my Instructor forms.***

Forms may be picked up from SDS on the following days and times:

- Mondays, Wednesday, and Fridays from 9:00am – 1:00pm
- Tuesday and Thursdays from 1:00pm – 5:00pm

PRINT NAME: _____

Student ID#: _____

Email Address: _____ @go.olemiss.edu

Mobile/Cell #: _____

For Departmental Use ONLY. Students do not complete this part of the form.

Student Signature: _____ Date: _____

Staff Member Signature: _____ Date: _____

Picture ID required

For Office Use ONLY

_____ SAP schedule verified

_____ Access/File status verified

_____ # of copies

_____ Copy of ID & Signature

_____ Data entry (spreadsheet)

_____ Date Filed by _____