



The University of Mississippi  
Office of Student Disability Services

**REQUEST FOR ADDITIONAL ACCOMMODATIONS**

Date of Request: \_\_\_\_\_

Student's Name: \_\_\_\_\_ UM ID #: \_\_\_\_\_

Email Address: \_\_\_\_\_@go.olemiss.edu Telephone #: \_\_\_\_\_

Please list the additional accommodation(s) you are requesting:

Please explain the reason you are requesting the additional accommodation(s). Please be **as detailed as possible** when describing the difficulty you are having:

Please print this form, sign it and return it to SDS. We will review your request and contact you as soon as possible with our decision. Attach any new documentation that you may be submitting.

Student's Signature: \_\_\_\_\_

**SDS Use Only -**

Date Request Received: \_\_\_\_\_ New Documentation Submitted: \_\_\_\_\_

Detail Decision Made Regarding Request:

Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_