



Academic Affairs • Office of Student Accessibility Services  
118 Beacon Street • Boston, MA 02116  
Phone (617) 670-4429 • Fax 617-670-4439

## Accessibility Service Renewal Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID \_\_\_\_\_ Major: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What is the best way to reach you? \_\_\_\_\_

Requesting Services For:

Spring 20\_\_ \_      Fall 20\_\_ \_\_      Summer 20\_\_ \_      Winter 20\_\_ \_

Please describe your specific disability or disabilities and how it has affected your academics:

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Has anything about your disability changed?

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What accommodations or academic supports have been helpful for you?

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_