



Academic Affairs • Office of Student Accessibility Services  
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## Accessibility Service Renewal Form

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

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

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

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

Requesting Services For (Choose **Only One**):

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

**PLEASE Check One:** GPS Student \_\_\_\_\_ Full time Day Student \_\_\_\_\_

**Date** your courses begins (Give the Day-Date &Year) \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has anything about your disability changed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What accommodations or academic supports have been helpful for you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_