



Academic Affairs • Office of Student Accessibility Services

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E-mail: OSAS@fisher.edu or fphillips@fisher.edu

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: _____
