**UNIVERSITY OF NORTH ALABAMA DISABILITY SUPPORT SERVICES CONSIDERATION REVIEW FORM**

Students requesting a revision/review of approved considerations may request a review by completing the Accommodation Review questionnaire in the DSS Portal and uploading a completed review form found below. Students need to contact the DSS office and schedule an appointment for further discussion of requested review. Additional documentation may be required to support revised considerations.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNA E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@una.edu

**Requested consideration(s):**

**Please explain the disability- related basis for the considerations request ed above *(Use* a second page, if necessary):**

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

**DSS STAFF NOTES**

**Consideration Determination:**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved**

**DSS Evaluator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

AccomReviewForm.Rev.scl11/18/2020