

STUDENT ACCESSIBILITY SERVICES (SAS) (FORMERLY OFFICE OF DISABILITY SERVICES (ODS)) NEW YORK CAMPUS 156 WILLIAM ST, 8<sup>TH</sup> FLOOR NEW YORK, NY 10038

PHONE: (212) 346-1526 FAX: (914) 989-8047 FAX: (212) 346-1530

## **Supplemental Accommodations Request Form**

Instructions: Please complete this form and return it to Student Accessibility Services via email to <a href="mailto:disability@pace.edu">disability@pace.edu</a> or by fax to 914-989-8047. Generally, the form will be reviewed within two weeks of its receipt by SAS. If you have any questions, please contact SAS at 212-346-1526. Note that you may be required to meet with an SAS staff member before any newly granted accommodations will be implemented.

Name:		Date:	
UID#:	School:	Major:	
Pace Email Address:		Phone:	
Please describe the addition	nal accommodation(s) yo	ou are requesting:	
Please indicate the reason(s) *Note: New or update  Acquired new disability	) for the request. Attach ted disability documenta	additional pages if necessary. tion may be required to review th	
☐Change in medication Please describe:			
Current accommodations of Please describe:			
Student Signature:		Date:	