

STUDENT ACCESSIBILITY SERVICES (SAS) (FORMERLY OFFICE OF DISABILITY SERVICES (ODS)) NEW YORK CAMPUS 156 WILLIAM ST, 8TH 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 disability@pace.edu 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 | al accommodation(s) y | ou are requesting: | |
| | | | |
| | • | h additional pages if necessary. ation may be required to review the request. | |
| ☐Acquired new disability Please describe: | | | |
| | | | |
| □Change in current disability Please describe: | | | |
| | | | |
| ☐Change in medication Please describe: | | | |
| | | | |
| □Current accommodations n Please describe: | _ | | |
| | | | |
| Student Signature: | | Date: | |