



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 [disability@pace.edu](mailto: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 additional accommodation(s) you are requesting:**

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Please indicate the reason(s) for the request. Attach additional pages if necessary.

*\*Note: New or updated disability documentation may be required to review the request.*

**Acquired new disability**

Please describe: \_\_\_\_\_

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**Change in current disability status**

Please describe: \_\_\_\_\_

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**Change in medication**

Please describe: \_\_\_\_\_

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**Current accommodations not meeting needs**

Please describe: \_\_\_\_\_

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**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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