Accommodation Request Review Form

This is an internal DRC form used when an accommodation is requested that the Access Specialist would like to review with other AS’s.

Name: ___________________________   Date:   ___________________________

Email: ___________________________   Cal Poly ID#: _______________________

Phone #: ___________________________

What is the accommodation(s) you are requesting?

Functional limitations: An impairment/disability causes functional limitations that can require accommodation. Briefly describe the functional limitations the accommodation you are requesting will address and how the accommodation will minimize the limitation. (Please add an attachment if more room is needed)

Reasonable accommodations are provided in order to allow for equal access and to ensure discrimination does not occur. Please describe how not having the requested accommodation/s either inhibits equal access or is discriminatory.

Additional information you want us to consider:

Reviewed By: ___________________   ___________________   ___________________

For DRC Use Only Below This Line

Reviewed By: __________________

Granted ☐

• Updated VISA/ERIS ☐

Denied ☐

• Written Response to Student ☐

• Student Chooses to Submit Additional Documentation ☐

• Student Chooses to pursue Appeal/ 504 Appeal form is provided to student. ☐

Notes: