Accommodation Appeal 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

<table>
<thead>
<tr>
<th>Granted</th>
<th>Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Accommodations</td>
<td>• Written response to student</td>
</tr>
<tr>
<td>Updated</td>
<td>• Student chooses to submit additional documentation</td>
</tr>
</tbody>
</table>

Notes:

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