Disability Resource Center (DRC)

For Southern Utah University students

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_Semester\_\_\_\_\_\_\_\_\_\_

T#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year: Freshmen/Sophomore/Junior/Senior

Please state the following accommodation(s) that you are choosing not to utilize this semester, as well as the time frame that you are choosing not to utilize the approved accommodation(s). (i.e. semester/course.)

Please return this form to the DRC office, who will notify the appropriate faculty.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRC Staff Signature Date

You may reinstate the above accommodations at any time. Please notify the DRC office to make the appropriate changes.