

FORM G

Renewal Request for Disability Accommodation

Renewal of prior accommodations



APPALACHIAN
— SCHOOL OF LAW —
OFFICE OF THE REGISTRAR

169 Edgewater Drive
Grundy, VA
Fax: (276) 935-8261
registrar@asl.edu

Student Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Initial/Name	Last Name	Date Of Birth

I initially requested accommodation in academic year.

At that times, I indicated my disability was (type of disability).

I was granted the following accommodation(s):

The qualified professional(s) who submitted supporting documentation for my prior request(s) was:

By signing this Form, I hereby authorize the release of the information requested on this Form, and I request that all additional information or supporting documentation be attached to this Form and returned to me for submission to ASL.

Signature

Date

To be completed by Qualified Professional

1. Are you the professional who originally provided the documentation of this student's disability to ASL?

a. If so, please provide the date of the initial diagnosis.

b. Have you reviewed the documentation of that person?

c. Please specify all documentation that you have reviewed.

d. If not, please describe your credentials and experience in diagnosing and/or treating the student's disability. Include your licensing information and the name of the licensing agency

■ To be completed by Qualified Professional (continued)

2. When did you last see this student in relation to his/her disability?

3. When was your last complete evaluation of this student?

4. In your professional opinion, has the student's diagnosis changed since the student's last request for accommodation?

a. If so, please state the new diagnosis.

5. In your professional opinion, has the student's ability to function changed in any significant way since the student's last request for accommodation? If so, please describe those changes

6. Are you recommending any changes to the student's accommodations at this time? If so, please describe those changes and the reasons therefor.

Signature of Qualified Professional

Date