

Form G Renewal Request for Disability Accommodation



APPALACHIAN

SCHOOL OF LAW

FORM G (Renewal of prior accommodations)

1169 Edgewater Drive, Grundy, Virginia 24614. Tel: 276-244-1291

Email: registrar@asl.edu

Student Information:

First Name Middle Initial/Name Last Name Date of Birth I initially

requested accommodation in _____ academic year.

At that time, 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.

Student Signature

Date

Appendix E Accommodations for Students with Disabilities
Last Revised: August 2026

To the qualified professional completing this form:

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

 - a. If not, who was that person? _____
 - b. Have you reviewed the documentation of that person? _____
 - a. Please specify all documentation that you have reviewed. _____

 - b. 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. _____

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