



Request for Additional Accommodations

List the type(s) of additional accommodation(s) you are requesting:

Statement regarding your need for this additional accommodation:

Student Signature: _____ Date: _____

Please provide a letter from your medical professional stating:

- 1) The specific diagnosis of the disability.
- 2) How the medical condition affects one or more major life activities.
- 3) The recommended accommodation(s) for this particular condition.

This documentation is:

(Check those which apply)

_____ Attached

_____ Being faxed to 404-214-0648

_____ Being scanned and emailed to the Director of Disability Services
(Kathy.David@point.edu)

_____ Being mailed to Kathy David, Director of Disability Services,
Point University, 2450
Piedmont Road NE, Atlanta, GA 30324

The Director of Disability Services will make the final determination for the provision of reasonable and appropriate accommodations after consideration of the professional documentation presented.