



Western Michigan University

**Disability Services for Students**

## **(NEW) ACCOMMODATION REQUEST FORM**

**Accurate and current contact information must be provided**

Semester: \_\_\_\_\_ WIN #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Local Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Accommodations: \_\_\_\_\_

\_\_\_\_\_



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