WASHINGTON AND LEE UNIVERSITY SCHOOL OF LAW Request for Accommodation of Disability

Name:			_
Date:	E-Mail Address:		
School Address:		Phone:	_
Home Address:		Phone:	_
		_	
Describe past accommoda a. Did you receive an	tions granted for your disab	oility: were in college and/or at anoth letter from each institution on it	ner law/graduate school?
YesNo If yes	s, please specify which test yo	ng the SAT, ACT, TOEFL, GRI ou took and describe the accomm	nodations you were given.
What accommodations ar	e you requesting? (Be specif	iic)	
request for accommodation he/she deems necessary for other educational, medical, for consultation. I consent request and all evaluations	s and copies of all documenta the evaluation and/or implem or psychological professiona to the Associate Dean of Law and assessments pertinent to	nt Affairs, Community, and Belo tion provided in connection with tentation of my eligibility/accon tls, disclosing such information Student Affairs, Community, and my disability with any diagnosin	h this request and, only as nmodation, to consult with as he/she deems relevant ad Belonging discussing this ng/evaluating professionals
Requesting Student's Signature		Date _	

NOTE: This request cannot be acted upon until you provide sufficient documentation of disability and need for accommodation as required by the Associate Dean of Law Student Affairs, Community, and Belonging and Law School guidelines. Students need to submit an initial request for accommodations, or a request for modified/additional accommodations, at the start of the academic year. Students do not need to resubmit a request for previously granted accommodations each academic year, unless the Assistant Dean for Law Student Affairs determines otherwise. This request and all supporting documents should be delivered or mailed to the Associate Dean of Law Student Affairs, Community, and Belonging, Washington and Lee University School of Law, Sydney Lewis Hall 417, Lexington, VA 24450.