

**LETTER OF ACCOMMODATION RECEIPT FORM 2021**  
**Semester (Check one):    SPRING    SUMMER    FALL**

Student Name: \_\_\_\_\_ A# \_\_\_\_\_

**Student:** *I understand that my accommodations do not begin in a class until I share my Letter of Accommodation (LOA) for the current semester. I will return this receipt form to DSS once signatures are received. A separate form for each class is acceptable when classes are remote.*

**Instructors:** *Please sign below as an acknowledgment that the above named student has provided their Letter or Accommodation (LOA). Please note that accommodations must not change the academic integrity of the course. Direct any questions or concerns to Disability Support Services at 256.824.1997 or [dss@uah.edu](mailto:dss@uah.edu).*

Course	Instructor's Name	Instructor's Signature	Date Signed
Course	Instructor's Name	Instructor's Signature	Date Signed
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