

**ASTATE Access & Accommodation Services
Student Request for Documentation**

Date _____

Student contact information:

Student's Name _____ Phone # _____

E-mail Address _____

Address _____

Date enrolled at ASTATE _____ Last semester enrolled at ASTATE _____

Date of Graduation _____

Academic Major _____

Reasons for my request for documentation (check items which are applicable to this request) are as noted:

___ I would like a copy of my documentation

___ send my documentation to my current university/community college

___ update ASTATE faculty/staff

___ update ASTATE faculty/staff at Regional sites

___ update Beck Pride staff

___ update Rehabilitation Services

___ update Veterans Affairs

___ verification of my disability is requested to qualify for disability-related benefits in Arkansas

___ inform professionals requesting documentation on my current job

___ obtain a list of accommodations received as a student with a disability/impairment at ASTATE

___ Other _____

Access & Accommodation Services has my permission to send my documentation to the party/entity listed:

Name _____ Title _____

Organization/Company _____

Home Address _____ Email _____

Telephone # _____ Fax _____

This form is effective for the following dates: From _____ To _____

(Print your name)

ASTATE ID

(Your Signature)

Approved by Director: Yes No

Director's Signature

Date

Comments: