

INSTITUTE OF  
BUDDHIST  
STUDIES



**INSTITUTE OF BUDDHIST STUDIES  
ACCOMMODATIONS RENEWAL  
FORM**

Term: Fall\_\_\_\_\_ Spring\_\_\_\_\_ Year\_\_\_\_\_

Student's Name:\_\_\_\_\_

Student ID Number:\_\_\_\_\_

1. Are you requesting a renewal of accommodations for the upcoming semester?

Yes \_\_\_\_ No \_\_\_\_

2. Did your condition(s) or symptoms change during the previous semester?

Yes \_\_\_\_ No \_\_\_\_

If yes, use the space below to explain how your condition(s) or symptoms changed during the previous semester.

3. Are you requesting any changes to accommodations for the upcoming semester?

Yes \_\_\_\_ No \_\_\_\_

If yes, use the space below to indicate which changes are being requested for the upcoming semester. For example, I need a note taker and no longer need flexible attendance.

## DISABILITY INFORMATION RELEASE

I, \_\_\_\_\_, give the Accessibility and Accommodations

(Please print name)

Coordinator at IBS permission to share information pertaining to my disability with the following persons:

☐ All faculty members at IBS

☐ Specific faculty members only (as requested by me on an as-needed basis)

☐ Other IBS personnel (please indicate individuals):

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☐ Other (please explain)

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(Please note that the Accessibility and Accommodations Coordinator's supervisor and Dean may be privy to the student's disability information)

Signature \_\_\_\_\_ Date \_\_\_\_\_