



State Grant and Special Programs
Phone: 1-800-692-7392 Fax: 717-720-3786
P.O. Box 8157 Harrisburg, PA 17105-8157

ADA ACCOMMODATION REQUEST FORM

STUDENT NAME (PLEASE PRINT): _____

SOCIAL SECURITY NUMBER OR PHEAA ACCOUNT NUMBER: _____

TERM OR ACADEMIC YEAR UNDER REVIEW: _____

SCHOOL ATTENDING: _____

NATURE OF YOUR MEDICAL DISABILITY (**Appropriate supporting documentation must be attached or this request will not be processed**):

IS YOUR MEDICAL DISABILITY ON-GOING (MORE THAN THIS TERM)? _____

PLEASE ATTACH DOCUMENTATION FROM YOUR TREATING, MEDICAL HEALTHCARE PROVIDER SUPPORTING YOUR REQUEST FOR AN ACCOMMODATION TO THE 50 PERCENT CLASSROOM INSTRUCTION REQUIREMENT. THIS MUST INCLUDE DATES OF ONSET AS WELL AS ANY EXPECTED RESOLUTION DATE. FAILURE TO SUBMIT COMPLETE DOCUMENTATION WILL RESULT IN AN AUTOMATIC DENIAL OF YOUR EXCEPTION REQUEST. PLEASE REFER TO THE ATTACHED "SG DISTANCE EDUCATION POLICY/PROCEDURE FOR STUDENTS WITH DOCUMENTED DISABILITIES" FOR THE SPECIFIC INFORMATION THAT IS REQUIRED. STATE GRANT AWARDS FOR STUDENTS FAILING TO RESPOND WITHIN 30 DAYS FROM THE DATE OF NOTIFICATION WILL BE CANCELLED. AWARDS FOR STUDENTS NOT MEETING THE ADA CRITERIA WILL ALSO BE CANCELLED.

PLEASE MAIL YOUR COMPLETED FORM AND ACCOMPANYING DOCUMENTATION TO:

**PHEAA
P.O. BOX 8157
HARRISBURG, PA 17105-8157**

STUDENT'S SIGNATURE: _____ DATE: _____

