

# SIT Graduate Institute

a program of World Learning



## Disability Services Request for Accommodations

Name \_\_\_\_\_

Program \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Date of birth \_\_\_\_\_

Start date of program \_\_\_\_\_

Email \_\_\_\_\_

Type of disability \_\_\_\_\_

Date of original diagnosis \_\_\_\_\_

Date of most recent evaluation \_\_\_\_\_

Documentation \_\_\_\_\_ Included \_\_\_\_\_ Already submitted \_\_\_\_\_ Will submit  
(please check one)

Specific accommodations requested

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

Please return this form to:

Jane Buckingham, MA  
Director, Counseling and Disability Services  
SIT Graduate Institute  
1 Kipling Rd.  
Brattleboro, VT 05301

Phone: 802 258-3367  
Fax: 802 258-3252  
Email: [disabilityservices@sit.edu](mailto:disabilityservices@sit.edu)