
Please mark your availability to meet with the ADA/504 Compliance Officer:

Monday AM or PM
 Tuesday AM or PM
 Wednesday AM or PM
 Thursday AM or PM
 Friday AM or PM

By signing this document, I am agreeing that all the information that I provided is accurate and truthful. I have provided all the details to the best of my ability. I have attached any documentation to support my grievance.

Student Signature

Date

Please submit this form to: gthompson@sunyjefferson.edu or drop off to Office 4-129.

<u>FOR OFFICE USE ONLY</u>	
Date and time form received _____	
Date and time that student was contacted: _____	
Meeting scheduled for: _____	Location: _____
Additional documents requested from Disability Review Committee	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional documents requested from Coordinator Accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No