



1801 East Cotati Avenue
Rohnert Park, CA 94928-3609

DISABILITY SERVICES FOR STUDENTS

Division of Student Affairs

707.664.2677 • Fax 707-664.3330 • Dial 711 for Relay
www.sonoma.edu/dss

CONCUSSION MANAGEMENT ACCOMMODATION REQUEST FORM

Name: _____ Today's Date: _____

Cell #: _____ SSU ID#: _____

SSU Email: _____ Date of Birth: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

ACCOMMODATIONS BEING REQUESTED (please check all that apply):

Extended testing time (1.5 or double time)

Consideration for absences

Reduced distraction testing environment

Consideration for late assignments

Sunglasses in class

Note-taking assistance

Alternate media (i.e.: E-text, Audio, etc.)

Assistive technology (i.e.: Dragon, Read&Write, etc.)

Other _____

I understand that all information maintained by Disability Services for Students (DSS) is part of my educational record and as such protected by the Federal Family Educational Rights & Privacy Act (FERPA).

I hereby authorize the staff of Disability Services for Students (DSS) to exchange information with the Sonoma State University (SSU) Athletic Department relating to the status of my concussion.

Student's Signature:

Date:

Disability Management Advisor's Signature:

Date: