



Student-504/ADA Student Grievance Procedure Appeal
*For those appealing a Center for Educational Access (CEA)
decision/ actions pertaining to an accommodation or student
indicating that they did not receive an accommodation either by
CEA or Instructor.*

Section 1: For Completion by the STUDENT or PREPARER

Student's Name:	Student's Email:
Preparer's Name (if other than Student):	Student's Phone:
Do you (the Student) have limited access to email? Official notifications regarding this report will be sent via email. If you have limited or do not have access to email you will be required to provide a mailing address. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Student's Address:	Student's City/State:
I (the Student) certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information and belief.	
I (the Student) understand that a timely appeal of the Center for Educational Access Final Grievance Response will not be considered to have been filed unless the student's letter of appeal includes all of the required information.	



Upon receiving the student's letter of appeal, the Associate Dean shall forward a copy of the original Review Request Form, the Director's Letter of Determination, the Center for Educational Access Final Grievance Response, and all other records or documents forming the basis of the Center for Educational Access Final Grievance Response to the ADA Coordinator.

Students Signature:	Date:
Preparer's Signature (if other than Student):	Date:

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we ask that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member, or an embryo lawfully held by an individual or family member receiving assistive reproductive services.



Section 2: For Completion by the STUDENT or PREPARER

When completed, please sign and either return the form in person, fax to University of Arkansas, Office of Equal Opportunity and Compliance at 479.575.7637, or scan and email to access@uark.edu.

1. Is the request time sensitive? Yes No

If yes, please explain why the request is time sensitive:

Section B. Formal Grievance Procedure for the Denial of Academic Accommodations and Services

Within ten (10) days following the receipt of the Center for Educational Access Final Grievance Response, if the student disagrees with the response, the student may submit a written appeal to the ADA Coordinator of the Office of Equal Opportunity and Compliance with a copy to the Associate Dean.



2. **Student Appeal Statement (Required):** This information must include the specific facts and grounds which form the basis for the student's appeal, including the specific basis of the student's disagreement with the Center for Educational Access Final Grievance Response. Please attach additional pages, as needed.

3. **Student Appeal Relevant Information:** Please provide all other information that you believe to be relevant to this appeal. Please attach additional pages, as needed.