



Student Request for Academic or Physical Accommodation

1. Please complete this form and follow instructions as described in the policy for new, additional and renewal accommodation requests.
2. Obtain and provide supporting documentation from the qualified professional(s) who assessed your medical condition/impairment.
3. Submit this form, signed, along with your documentation, to the applicable Disability Services Coordinator.
 - For educational programming, services and activities, submit form to the Disability Services Coordinator/Student Services
 - For physical access to campus, buildings and other facilities, submit form to the Disability Services Coordinator/Facilities
4. You are required to retain a copy of all forms and documentation submitted.

Type of Application: _____ Accommodation Type: _____

Name: _____ Date of Birth: _____

Student ID: _____ Program: _____ Anticipated Grad Year: _____

Campus Location: _____ Phone Number: _____

Medical condition/impairment with which you were diagnosed: _____

Earliest date this condition/impairment was professionally diagnosed: _____

Name and Credentials of person making the diagnosis: _____

Give a personal description of how the medical condition/impairment (mental or physical impairment) affects your major life activities. Please be thorough and specific.

Indicate the accommodation(s) that you are requesting for the current year. Please be thorough and specific:

Have you previously been diagnosed as having this medical condition/impairment? _____

Have you requested accommodation(s) for this medical condition/impairment in previous educational environments? _____ *If yes, then please complete the following.*

Institution/Organization _____

Type of Institution _____

Name and/or title of person(s) who granted accommodations _____

Subject areas involved _____

Accommodation(s) Received:

Student Name (Printed): _____

Student Signature: _____

Date: _____