



# Student Request for Temporary Accommodation

1. Please complete this form and follow instructions as described in the policy for a temporary medical accommodation request.
2. Obtain and provide supporting documentation from the qualified professional(s) who assessed your temporary medical condition. This can be in the form of a letter from the clinician, or a copy of your signed discharge orders.
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.

---

## Student Information

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Anticipated Graduation Year: \_\_\_\_\_

KCU Program: \_\_\_\_\_

Campus Location: \_\_\_\_\_

## Medical Condition Information

Temporary medical condition diagnosed:

Date of onset: \_\_\_\_\_

Anticipated duration: \_\_\_\_\_

Describe temporary restrictions and what, if any, temporary accommodation may be required:

Student Name (Printed): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_