

FOR OFFICE USE:

DATE RECEIVED: \_\_\_\_\_ INITIALS: \_\_\_\_\_

# Returning Student Form

## Request for Accommodation Form

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

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ Email: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Major: \_\_\_\_\_

Status: FR  SO  JR  SR  GRAD  Request for: Fall  Spring  Summer  Year: \_\_\_\_\_

Are you a client of Vocational Rehabilitation? Yes  No  If yes, home office \_\_\_\_\_

Are you planning on living on campus? Yes  No

### DISABILITY INFO:

Has anything changed since last semester regarding your disability(s)/new diagnosis? Yes  No

If yes, please describe: \_\_\_\_\_

If yes, has the documentation been provided? Yes  No

*\*Documentation is needed if **new** disabilities are filed with the office of Student Accommodations or **anything has changed** regarding your disability information that is currently on file.*

### ACCOMMODATIONS REQUESTED:

*(Please Note: Accommodations are determined based on student interviews and supporting educational, psychological and/or medical documentation.)*

Requesting the same accommodations as the previous semester? Yes  No

If no, what *new accommodations* are you requesting: \_\_\_\_\_

If no, have you scheduled your appointment with the coordinator? Yes  No

*\*Requesting new accommodations, then you **must** meet with the Coordinator of the Center for Student Accommodations.*

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