

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: _____