Office of Disability Services

To request accommodations, please fill out the following form and then call our office to set up an appointment. Students are requested to send current documentation of the disability prior to this appointment.

Name: ____________________________ ID number: ____________________________ Date: ____________________________

Mailing Address: __________________________________________________________ Phone: ____________________________

City: ____________________________ State: _________ County: ____________________________ Zip: ____________________________

E-mail Address: __________________________________________________________ Date of Birth: ____________________________

Major: ____________________________ Classification: ____________________________ Advisor: ____________________________

Disability(ies): __________________________________________________________

________________________________________________________

Requested Accommodations: _____________________________________________

Race (Optional): Please place an X in the space that applies:

O African American O American Indian/Alaskan Native O Asian/Pacific Islander

O Hispanic O White/Caucasian O Other ____________________________

Your signature________________________________________ Date________________

Person completing form if other than self:

Name________________________ Relationship________________________

Revised 8/12/2013