



Confidential Request for Accommodations

Student Name _____ Student ID # _____

Preferred Pronouns _____ Preferred Name/Nickname _____

Date of Request _____ Anticipated Graduation Date _____

Date of Birth _____ Cell Phone _____

Current Address _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone/Email _____

Have you previously received accommodations in high school or at another college or university? If yes, check all that apply:

____ Resource room assistance

____ Collaborative/Co-taught classroom

____ Social Work Services

____ Self-contained classes

____ ELL/ESL Classes

____ Modified curriculum _____

____ Copies of Notes

____ Alternate Text Materials _____

____ Extended time on tests

____ Low distraction testing

____ Tests read aloud

____ Use of a calculator on exams

____ Sign language interpreters

____ Allergy/Dietary Accommodations

____ Assistive Technology (describe) _____

____ Accessible Building/Program/Materials (describe) _____

____ Other (describe) _____



Accommodations and Disability Access

Have you been diagnosed with a medical condition or disability that has a functional impact on your life?

No Yes If yes, provide diagnosis date _____

Please check any medical condition(s) or disability you have been diagnosed with:

- Visually impaired
- Learning Disability
- PTSD
- Deaf/hard of hearing
- Mental Health Condition (describe) _____
- _____
- ADD/ADHD
- Autism Spectrum
- Acquired Brain Injury
- Addiction / Addiction Recovery

Mobility Impairment (describe) _____

Physical Disability (describe) _____

Medical Condition (describe) _____

Explain how your condition affects you in your daily life and academics:

Are you currently undergoing treatment, or do you have other health-related concerns that may affect you while attending classes at DU?

No Yes If yes, please describe: _____



Accommodations and Disability Access

Occasionally, students would like to share their diagnoses with the medical or mental health staff in the Wellness Center at DU. If you are interested in connecting with Wellness staff, please be sure to visit the office in the lower level of Coughlin Hall or call (708)524-6229, to make an appointment. You can also make appointments and learn more about Wellness Center services by visiting: <https://www.dom.edu/campus-life/wellness-center>

Please indicate the accommodations and access services you are requesting at DU:

- Copies of lecture notes
- Ability to tape record lectures
- Extended time on tests
- Low-distraction testing
- Tests read aloud
- Use of a calculator on exams
- Sign language interpreters
- Use of a computer on assignments/exams
- No scantron
- Enlarged print
- Alternate text materials (describe) _____

Other Academic Accommodations (describe) _____

Life threatening allergy/dietary accommodations (describe) _____

Facility access or housing accommodations, including service or emotional support animals (describe) _____

Use of assistive technology such as a screen reader, speech-to-text/text-to-speech, adaptive keyboard, FM system, CCTV, etc. (describe) _____



Service Agreement and Release of Information

By submitting this request for accommodations, I agree to participate in the interactive intake process to have my accessibility needs assessed. I understand that accommodations are not retroactive, and it is my responsibility to do the following:

- Submit all necessary documentation of a medical condition and/or disability to the Accommodations and Disability Access office
- Attend an intake meeting with Accommodations and Disability Access staff to discuss my needs and establish reasonable accommodations
- Initiate accommodations with faculty or housing staff in accordance with established procedures, in a timely manner
- Consult with the Accommodations and Disability Access office if I am unclear about procedures or if I am informed by faculty or housing staff that a particular accommodation cannot be met
- Comply with the University Student Code of Conduct

Furthermore, I understand that to the extent reasonably possible and required by law, the Accommodations and Disability Access office protects disability-related information submitted by students. Information contained in documentation or discussed during meetings will be treated with as much confidentiality as reasonably possible. Information related to accommodations or disability *may* be shared with other University employees (to the extent permitted by FERPA), on a need-to-know basis so that employees can fulfill their professional responsibilities to provide approved accommodations, academic adjustments, auxiliary aids, and appropriate supports and interventions. Disability related information will not be shared with persons outside of the University without the student's written permission, unless the student becomes a danger to self or others, by court order, or as otherwise allowed or required by law. All disability records are confidential and retained in secured files for a period of five years post-graduation or last term enrolled.

I understand that by signing below, I am indicating that I agree to the terms outlined above.

Print Name

Signature

Date