

**CLEVELAND UNIVERSITY – KANSAS CITY
DISABILITY ACCOMMODATION REQUEST FORM**

Please type or print information and return it to the Office of Academic Records & Support. Information contained on this form is CONFIDENTIAL, and will only be shared with persons involved in the review process. Your accommodation request will be processed **ONLY** when the requested documentation is attached. You may expect a response to this request within 10 working days of submission of this completed form and all supporting documents.

PART I: INITIATION OF REQUEST BY STUDENT

Name: _____ Date of _____

Request: _____

Student Number: _____ Phone: _____

Address: _____

My condition for which I am requesting accommodation is (check as appropriate):

_____ mental _____ physical _____ other (attach explanation)

Describe, in your own words, limitations caused by the condition you have named. Use additional pages if necessary. Medical or other appropriate documentation of functional limitations must be attached to complete this request.

Describe how the condition described above will affect the skills and abilities expected of you as a student, and indicate the type of accommodation(s) requested that will enable you to carry out the tasks you face as a student. (Use additional pages if necessary.)

Date

Student's Signature

PART II: REVIEW OF REQUEST BY DISABILITY SERVICES COMMITTEE

Comments/Recommendations/Accommodations Offered:

Date at which accommodation(s) will begin (if accommodation requires special construction or purchasing special equipment, indicate time frame expected to be available): _____

Date

Signature of Learning Specialist

PART III: ACCEPTANCE OF ACCOMMODATIONS OFFERED (TO BE COMPLETED BY STUDENT)

I acknowledge receipt of this response and I agree to accept the accommodations offered. I understand that any additional accommodations requested must be accompanied by additional documentation supporting the request.

Date

Signature of Student

*****THIS COMPLETED FORM ACKNOWLEDGING THE REQUEST AND SUBSEQUENT ACTION FOR REASONABLE ACCOMMODATION WILL BE RETAINED BY THE OFFICE OF ACADEMIC RECORDS & SUPPORT WITH A COPY FOR THE STUDENT AVAILABLE UPON REQUEST.*****