## **Request for Reasonable Accommodation Form**

## Part I – General Information

Full Name:

Date of birth-----

\_\_\_\_\_/\_\_\_\_\_

Student ID number

Date of University Entry:

Semester Year Month / Date / Year E-mail Address:

Permanent Address:

Street Number or PO Box; Street Name City State Zip

Local Address:

Street Number or PO Box Street Name City State Zip Telephones: \_\_\_\_\_ Cell Phone Home Phone

Cell Phone Home Phone

## Part II – Disability Information All information about your disability is confidential.

Primary Disability:

Secondary Disability (if any) \_\_\_\_\_

1. Attach documentation of any disability claimed. The documentation must be signed by a physician, psychologist, or other licensed professional for providing a diagnosis. The information must be current, within the last three years. *It should contain accommodations suggestions from the professional signing the document.* 

2. List the accommodations you had in high school or previous college experiences. Johnson University encourages you to be a self advocate. Tell us what accommodations you have had in previous educational institutions or would help you in your studies.

## **Part III – Other Information**

If your disability might cause health issues while you are on campus (seizures, fainting, etc.), have you discussed the situation with the University nurse? Please explain.

Do you have a counselor, case manager, or similar person with any organization that is currently in touch with you? If so, please give agency and name of the staff person.

You may attach an Individual Education Plan for 504 Plan from High School or a Reasonable Accommodation from another college or university. To use the documentation of the disability it must be current and signed by a professional.

Signature of Student

**Date of Application** 

To Be Completed by Disability Services:

Date of Initial Meeting:

Persons Present at the meeting-----

Did student give permission for parents to be present?

Special Issues of Concern expressed by student

If no accommodations were provided, explain.

Date Reasonable Accommodation Forms were emailed to appropriate staff and teachers.

Signed -----Date\_\_\_\_\_