Accommodation Request Form

Part 1: Student Information

Name ___________________________________________________ Student ID# __________________________

Email _______________________ ______________________________ Date of Birth ______________________________

Permanent Address _________________________________________ City _________________________________

State ____ Zip Code ________________ Phone __________________  Alt Phone (Cell) ________________________

Part II: General Nature of the Disability/Impairment--- Please check all that apply:

□ Psychological Impairment/Disability □ Hearing Impairment/Deaf □ Visual Impairment/Blind

□ Learning Disability □ Attention Deficit Disorder □ Acquired Brain Injury

□ Physical Impairment/Disability □ Chronic Health Impairment □ Other __________________________

A Verification of Disability Form is required for each disability/impairment for which accommodations are requested

Semester accommodations sought: ________________________

Part III: Accommodations and Services Requested:
If possible, please briefly state the type of accommodations or services you desire.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Davenport University is required by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to provide effective services for qualified students with documented disabilities if such accommodations are needed to provide equal access to the University programs and services. Federal law defines a disability as “a physical or mental impairment that substantially limits one or more major life activities.” Major life activities are defined as the ability to perform functions such as walking, seeing, hearing, speaking, breathing, learning, working, or taking care of oneself. An impairment/disability in and of itself does not necessarily constitute an impairment. The degree of impairment must be significant enough to “substantially limit” one or more major life activity.

Part IV - Response to Accommodation Request

Disability Services Coordinator Signature: ___________________________ Date _______________

For University Use Only

Note: If you need this information in an alternate format, please notify your campus Disability Service Coordinator in person, by phone or via email. Advanced notice may be required for some accommodations.