

Request for Disability Support Services

Date: _____

Campus Location: _____

Term: _____

Name: _____
Last First MI Student ID

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date of Birth: ____ / ____ / ____ ERAU Email: _____
M D Y

Have you submitted disability support documentation? Yes No (If no, please include documentation with this form).

Disability Support Documentation may include the following:

- a. Diagnostic Statement
- b. Diagnostic Criteria
- c. Current functional impact of the disability
- d. Medications, procedures/treatments, assistive devices, and services currently used by the student
- e. Expected progression of the disability or its stability
- f. Credentials of the diagnosticians

Type of Accommodations you are requesting?

- Extended time for testing
- No penalty for spelling for in class assignments
- Testing in less distracted area (for classroom courses)
- Disability-related class attendance/absence
- Enlarged Print
- Other type of accommodations requested (explain below)

FOR ADMIN USE ONLY	
Approved	Disapproved
Approved	Disapproved
Approved	Disapproved
Approved	Disapproved
Approved	Disapproved
Approved	Disapproved

Student Signature /Date

Director of Disability Support Services /Date