



Paul Adrian Powell, III Resource Center • Office of Academic Support Services
P.O. Box 947 • Emory, Virginia 24237-0947 • 276-944-6144

Disability Accommodations Request Form

Name _____ Student ID Number _____

Home Phone Number _____ E-Mail _____

Home Address _____
City State Zip

Cell Phone Number _____ Campus Address _____

Identify and describe the physical, learning or psychological disability*, illness, condition or disease that is a basis for your request for reasonable accommodations** by the college. Be specific:

Attach additional pages/sheets as necessary.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Did you receive special education services in high school? ____ Yes ____ No

2. Did you transfer from another college or university? ____ Yes ____ No

If yes, from where? _____

3. Are you a consumer of services from Vocational Rehabilitation or Bureau of Services for the Visually Impaired? ____ Yes ____ No

If yes, what is your counselor's name and phone number? _____

4. Please describe any accommodations you were granted in previous educational settings:

5. Describe how this disability affects your academic work, class schedule, class location and/or residential living situation:

____ See Disabilities Disclosure Form and add the following (if applicable):

* "Disability" includes a physical or mental impairment that substantially limits one or more major life activities. Major life activities include such things as caring for oneself, performing manual tasks, walking, sitting, standing, lifting, reaching, seeing, hearing, breathing, learning and working.

** "Reasonable Accommodations" includes any modification or adjustment to the admission process or educational environment of the college to enable an applicant or student to be considered for admission, to meet and perform requisite academic standards or to enjoy equal benefits and privileges of education.

6. Identify and describe the reasonable accommodation(s) needed to enable you to meet or perform the academic standards of your educational program:

____ See Disabilities Disclosure form and add the following (if applicable):

This **Disability Accommodation(s) Request Form** must be submitted with professional documentation to the Academic Support Services Office for a meeting with a professional for a pre-service interview; it is preferable that this form be submitted prior to this meeting. During this meeting we will identify and enumerate services for which you are eligible. The information submitted to Emory & Henry College will not be placed in your educational record.

Student Signature

Date

Emory & Henry College Official (Print Name and Title)

Date

Signature