Office of Disability Services

To request accommodations, please fill out the following form and then call our office to set up an appointment. Students are requested to send current documentation of the disability prior to this appointment.

Name: ______________________ ID number: ______________________ Date: ______________________

Mailing Address: ______________________ Phone: ______________________

City: ______________________ State: __________ County: ________________ Zip: ________________

E-mail Address: ______________________ Date of Birth: ______________________

Major: ______________________ Classification: ______________________ Advisor: ______________________

Disability(ies):
__________________________________________
__________________________________________

Requested ____________________________________________________________________________
Accommodations: _______________________________________________________________________

Race (Optional): Please place an X in the space that applies:

<table>
<thead>
<tr>
<th>O African American</th>
<th>O American Indian/Alaskan Native</th>
<th>O Asian/Pacific Islander</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Hispanic</td>
<td>O White/Caucasian</td>
<td>O Other ___________________</td>
</tr>
</tbody>
</table>

Your signature__________________________________________ Date________________

Person completing form if other than self:

Name__________________________________________ Relationship_____________________

Revised

8/12/2013