



1100 E. 14th Street, PMB S-35 ~ Ada, OK 74820-6999

(580) 559-5297/5677 ~ (580) 559-5294 FAX

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:

<input type="checkbox"/> African American	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Hispanic	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Other _____

Your signature _____ Date _____

Person completing form if other than self:

Name _____ Relationship _____