



# DISABILITY SUPPORT SERVICES Accommodation Request Form

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_____ Letter created	_____ Notified Res Life

### PART I: General Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street Address City State Zip

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Shepherd Email Address: \_\_\_\_\_ @rams.shepherd.edu

Other Email Address: \_\_\_\_\_

### PART II: Academic Information

Semester and Year of Entrance: \_\_\_\_\_

\_\_\_ First Year \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Graduate student

**Status:** \_\_\_ Full-Time \_\_\_ Part-Time **Housing:** \_\_\_ Residence Hall \_\_\_ Commuter

**Transfer Student?** \_\_\_ Yes \_\_\_ No **If yes, Institution(s) Attended:** \_\_\_\_\_

Major: \_\_\_\_\_ Advisor: \_\_\_\_\_

Are you an international student? \_\_\_ Yes \_\_\_ No

### PART III: Disability

\_\_\_ Acquired Brain Injury      \_\_\_ Developmental Disability      \_\_\_ Orthopedic Impairment

\_\_\_ ADD/ADHD      \_\_\_ Health Impairment      \_\_\_ Perceptual Impairment

\_\_\_ Blind/Visual Impairment      \_\_\_ Language Impairment      \_\_\_ Psychiatric disability

\_\_\_ Deaf/Hearing Impairment      \_\_\_ Learning Disability      \_\_\_ Speech Impairment

\_\_\_ Other (please specify) \_\_\_\_\_

Will you use a wheelchair/motorized scooter for campus mobility? \_\_\_ Yes \_\_\_ No

Please describe how your disability impacts your life (academic, social, and/or living):

**PART IV: Accommodations:** Students seeking accommodations must provide documentation of a disability. See form "Documentation Guidelines" for more information.

**a. Academic/Classroom Accommodations: Please check all that apply.**

<input type="checkbox"/> Extended Test Taking Time 1.5x/2x (circle)	<input type="checkbox"/> Test read aloud
<input type="checkbox"/> Alternative Testing Format, Specify: _____	<input type="checkbox"/> Enlarged print
<input type="checkbox"/> Reduced Distraction Environment (for testing)	<input type="checkbox"/> Accessible classrooms
<input type="checkbox"/> Use of a calculator	<input type="checkbox"/> Braille
<input type="checkbox"/> Permission to record class lectures	<input type="checkbox"/> Assistive Technology, Please specify: _____
<input type="checkbox"/> Preferential Seating	_____
<input type="checkbox"/> Waiver from attendance policy*	_____
<input type="checkbox"/> Other (please specify): _____	_____
_____	_____
_____	_____

*\*If granted the Waiver from Attendance Policy, please view the DSS Guidelines for this accommodation.*

**b. Housing/Meal Accommodations: Please check all that apply.**

<input type="checkbox"/> Air conditioned housing	<input type="checkbox"/> Placement on West Campus
<input type="checkbox"/> First floor room	<input type="checkbox"/> Meal Plan reduction
<input type="checkbox"/> Roommate request –disability related only	<input type="checkbox"/> Single Room
<input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> Emotional Support Animal
_____	_____
_____	_____

The term “disability” means with respect to an individual: (a) a physical or mental impairment that substantially limits one or more major life functions of such individual; The **major life functions** as defined by the Americans with Disabilities Act Amendments of 2008 include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others; and the operation of a major bodily function, including functions of the immune system, special sense organs and skin; normal cell growth and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatics, musculoskeletal, and reproductive functions. The operation of a major bodily function includes the operation of an individual organ within the body system. (b) a record of such an impairment; or (c) being regarded as having such an impairment.

**I, (print name) \_\_\_\_\_ authorize the Office of Disability Support Services at Shepherd University to release this information to the appropriate Shepherd University faculty and staff members in the coordination of my accommodations at Shepherd University.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please contact our office with any questions or concerns.**

*Return this form in-person, by mail, email, or fax:*

Disability Support Services  
 Shepherd University  
 P.O. Box 5000  
 Shepherdstown, WV 25443-3210  
 Email: Elizabeth Mobley  
 egreer@shepherd.edu  
 FAX: 304-876-5071  
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 Location: Gardiner Hall G-13