The Reiss-Davis Graduate School

DISABILITY ACCOMMODATION REQUEST

Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **(cell)** _____ **(home)** _____ **(other)**

Email _____ **Best Time of Day to Contact** ☐ AM ☐ PM ☐ Evening

Contact Preference ☐ Home Phone ☐ Cell Phone ☐ Work Phone ☐ Other ☐ Email

Disability *Check all that apply.*

Disability is: ☐ Permanent/Chronic ☐ Temporary 45 days or less ☐ Temporary greater than 45 days

Physical impairment: ☐ Visual ☐ Hearing ☐ Orthopedic ☐ Neurologic ☐ Respiratory ☐ Other

Mental impairment: ☐ Acquired brain injury ☐ Specific learning disability ☐ Psychological disorder ☐ Other

Certification

Disability certification must be completed by a professional in medicine, psychology, disability services, education, or a related area.

Name of Certifying Professional: _____

Professional Capacity _____ Phone _____

Medical Facility Name *(if applicable)* _____

Address _____ City/State _____ Zip Code _____

Requested Accommodation(s)

☐ Physical Environment _____

☐ Temporary Medical _____

☐ Special Arrangements _____

Description of Disability *(1) Briefly describe the functional limitations of any disability areas checked, and (2) indicate how the disability limits your access or ability to fully participate in an academic environment.*

Note that final determination of academic accommodations is subject to (1) verification of disability, (2) documented need based upon areas of deficit, and (3) negotiation with the Accommodations Director.

Attach your disability documentation to this form and return to:
The Reiss-Davis Graduate School
Attention: Accommodations Director

Student Signature _____ **Date** _____