



## Confidential Request for Accommodations

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
(if known)

Preferred Pronouns \_\_\_\_\_ Preferred Name/Nickname \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Have you previously received accommodations in high school or at another college or university? If yes, check all that apply:

- Resource room assistance       Collaborative/Co-taught classroom
- Social Work Services       Self-contained classes
- ELL/ESL Classes       Modified curriculum \_\_\_\_\_
- Copies of Notes       Alternate Text Materials \_\_\_\_\_
- Extended time on tests       Low distraction testing
- Tests read aloud       Use of a calculator on exams
- Sign language interpreters       Allergy/Dietary Accommodations
- Assistive Technology (describe) \_\_\_\_\_
- Accessible Building/Program/Materials (describe) \_\_\_\_\_
- \_\_\_\_\_
- Other (describe) \_\_\_\_\_

Have you been diagnosed with a medical condition or disability that has a functional impact on your life?

No       Yes      If yes, provide diagnosis date \_\_\_\_\_



## Accommodations and Disability Access

Please check any medical condition(s) or disability you have been diagnosed with:

Visually impaired

ADHD

Learning Disability

Autism Spectrum

PTSD

Acquired Brain Injury

Deaf/hard of hearing

Addiction / Addiction Recovery

Mental Health Condition (describe) \_\_\_\_\_

\_\_\_\_\_

Mobility Impairment (describe) \_\_\_\_\_

\_\_\_\_\_

Physical Disability (describe) \_\_\_\_\_

\_\_\_\_\_

Medical Condition (describe) \_\_\_\_\_



## Accommodations and Disability Access

Please indicate the accommodations and access services you are requesting at DU:

Copies of lecture notes

Ability to tape record lectures

Extended time on tests

Low-distraction testing

Tests read aloud

Use of a calculator on exams

Sign language interpreters

Use of a computer on assignments/exams

No scantron

Enlarged print

Alternate text materials (describe) \_\_\_\_\_

\_\_\_\_\_

Other Academic Accommodations (describe) \_\_\_\_\_

\_\_\_\_\_

Life threatening allergy/dietary accommodations (describe) \_\_\_\_\_

\_\_\_\_\_

Facility access or housing accommodations, including service or emotional support animals, proximity to restroom, access to a refrigerator in housing, etc.: (describe) \_\_\_\_\_

\_\_\_\_\_

Use of assistive technology such as a screen reader, speech-to-text/text-to-speech, adaptive keyboard, FM system, CCTV, etc. (describe) \_\_\_\_\_

\_\_\_\_\_



## Service Agreement and Release of Information

By submitting this request for accommodations, I agree to participate in the interactive intake process to have my accessibility needs assessed. I understand that accommodations are not retroactive, and it is my responsibility to do the following:

- Submit all necessary documentation of a medical condition and/or disability to the Accommodations and Disability Access office
- Attend an intake meeting with Accommodations and Disability Access staff to discuss my needs and establish reasonable accommodations
- Initiate accommodations with faculty or housing staff in accordance with established procedures, in a timely manner
- Consult with the Accommodations and Disability Access office if I am unclear about procedures or if I am informed by faculty or housing staff that a particular accommodation cannot be met
- Comply with the University Student Code of Conduct

Furthermore, I understand that to the extent reasonably possible and required by law, the Accommodations and Disability Access office protects disability-related information submitted by students. Information contained in documentation or discussed during meetings will be treated with as much confidentiality as reasonably possible. Information related to accommodations or disability *may* be shared with other University employees (to the extent permitted by FERPA), on a need-to-know basis so that employees can fulfill their professional responsibilities to provide approved accommodations, academic adjustments, auxiliary aids, and appropriate supports and interventions. Disability related information will not be shared with persons outside of the University without the student's written permission, unless the student becomes a danger to self or others, by court order, or as otherwise allowed or required by law. All disability records are confidential and retained in secured files for a period of five years post-graduation or last term enrolled.

I understand that by signing below, I am indicating that I agree to the terms outlined above.

---

Print Name

---

Signature

---

Date