



DISABILITY SUPPORT SERVICES Accommodation Request Form

Office Use Only:

Date received: _____

Date Approved: _____

_____ Database _____ Sakai

_____ 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
Office phone: 304 -876-5122 Office
Location: Gardiner Hall G-13