



# Disability Services Accommodation Request Form

Please fill out the following form to the best of your knowledge to help facilitate your request for accommodations. All information received from you is kept confidential. The Disability Services Office maintains strict confidentiality and security of records in compliance with FERPA. Please read and fill out this form carefully.

Student ID #: \_\_\_\_\_ Date (M/D/YY): \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth (M/D/YY): \_\_\_\_\_ Gender:  Female  Male

Cell Phone Number: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

May we leave a message?  Yes  No May we contact you via email?  Yes  No

Current Residence:  Off-campus Resident  Campus Resident, Hall/Room # \_\_\_\_\_

What is your race/ethnicity? Please choose one.

- African-American/Black
- American Indian/Alaskan Native
- Asian American/Asian
- Caucasian/White
- Hispanic/Latino(a)
- Native Hawaiian/Pacific Islander
- Multi-Racial
- Prefer not to answer/Unknown
- Other: \_\_\_\_\_

Current Academic Status:  Freshman  Sophomore  Junior  Senior  Professional Studies  Graduate

Degree/Major/Program: \_\_\_\_\_

Are you a returning student requesting the same accommodations as last year with no changes?  Yes  No

Do you have a documented or diagnosed disability?  Yes  No

Disability (select one):  Permanent  Temporary, please specify duration: \_\_\_\_\_

How did you hear about us?

- Faculty
- Friend
- Website
- Family
- Staff
- Other: \_\_\_\_\_

Describe why you are seeking services and what type of accommodations you are requesting (list disability and accommodations requesting):

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I acknowledge that the exchange of information may need to take place between the Disability Services Office and other Vanguard University staff and/or faculty in order to comply with my needs. I give my permission for such communication when necessary. **Neither the specific diagnosis of my disability nor the specific nature of other confidential concerns will be released.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_