Student Request for Accommodation Form (RAF)

Submission of this form is not a guarantee of services. In addition to this form, students must meet with the ADA Coordinator and provide documentation of disability-related limitations. The application, meeting, and documentation will be used to determine eligibility.

Biographical Information

First and Last Name _____

Student ID _____

Date of Birth *(MM/DD/YYYY)* _____

Degree Program _____

LSUHS Email Address _____

Phone Number *(include area code)* _____

Emergency Contact *(person to contact in an emergency to determine your emergency medical care)*

Emergency Contact Phone Number *(include area code)*

Disability Information

Describe the nature of the disability.

What functional limitations does the disability place on you in the academic setting?

If you use any type of assistive technology, specify the type.

Accommodation(s) Information

Please indicate the requested accommodation(s).

How long will the requested accommodation(s) be needed?

Have you been previously granted the requested accommodation(s) in the academic setting?

☐ Yes

☐ No

If yes, attach a record of your previous official accommodation plan.

Certification

I certify that the information contained on this form and submitted with this form is true and correct.

Signature

Date *(MM/DD/YYYY)*

Submission Information

Please return the completed form and documentation from a physician or licensed board-certified medical provider, per the guidelines in LSUHS Administrative Directive 6.6 (Americans with Disabilities Act), to:

LSU Health Shreveport ADA Coordinator
Office of Compliance and Risk Management
1501 Kings Highway
Shreveport, LA 71103
Email: pamela.williams@lsuhs.edu
Phone: (318) 675-7073

Confidentiality Statement

A request for accommodation, including medical and other relevant information, is privileged and may only be released as appropriate to individuals with a business need to know.