



## Disability Accommodation Request Form

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Last First Middle

DOB: \_\_\_\_\_ Sex:  Male  Female Primary Language Spoken: \_\_\_\_\_  
MM/DD/YY

Address: \_\_\_\_\_  
Number and Street City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Including Area Code Including Area Code

**Type of Disability:**

(Please check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Blind/ Low Vision     | <input type="checkbox"/> ADD/ ADHD      | <input type="checkbox"/> Acquired Brain Injury  |
| <input type="checkbox"/> Deaf/ Hard of Hearing | <input type="checkbox"/> Health Related | <input type="checkbox"/> Chemical Dependence    |
| <input type="checkbox"/> Deaf/ Blind           | <input type="checkbox"/> Orthopedic     | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Learning Disability   | <input type="checkbox"/> Psychological  | _____   |

**Type of Accommodations Requested:**

(Please check all that apply)

**Learning Environment:**

- |  |  |
|--|--|
| <input type="checkbox"/> Priority Registration           | <input type="checkbox"/> Sign Language Interpreter |
| <input type="checkbox"/> Braille                         | <input type="checkbox"/> CART/ Transportation      |
| <input type="checkbox"/> Large Print                     | <input type="checkbox"/> Note-taker                |
| <input type="checkbox"/> Alternative Textbooks           | <input type="checkbox"/> Lab Assistant             |
| <input type="checkbox"/> Disability Related Absence      | <input type="checkbox"/> Service Animal            |
| <input type="checkbox"/> Preferential Seating            | <input type="checkbox"/> Personal Care Attendant   |
| <input type="checkbox"/> Accessible Site                 | <input type="checkbox"/> Space for Wheelchair      |
| <input type="checkbox"/> Video Captioning/ Transcription | <input type="checkbox"/> Adjustable Tables         |

**Testing:**

- |   |
|---|
| <input type="checkbox"/> Extended Time            |
| <input type="checkbox"/> Out-of-Class             |
| <input type="checkbox"/> Calculator               |
| <input type="checkbox"/> No Scan-Tron             |
| <input type="checkbox"/> Reader Present           |
| <input type="checkbox"/> Scribe                   |
| <input type="checkbox"/> Alternative Format       |
| <input type="checkbox"/> Distraction Reduced Area |

**Equipment:**

- |   |
|---|
| <input type="checkbox"/> Assistive Listening Device |
| <input type="checkbox"/> Assistive Technology       |
| <input type="checkbox"/> Low Vision Aids            |
| <input type="checkbox"/> Calculator                 |
| <input type="checkbox"/> Tape Recorder              |

**Residence Hall:**

- |   |
|---|
| <input type="checkbox"/> Handrails                |
| <input type="checkbox"/> Roll-in Shower           |
| <input type="checkbox"/> Bathtub with Shower      |
| <input type="checkbox"/> Flashing Doorbell/ Alarm |
| <input type="checkbox"/> Service Animal           |

OTHER (specify): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please note that some accommodations may NOT be provided at the expense of North American University.

Accommodation decisions will be made shortly after the learning disability accommodation request has been submitted. Should a request for accommodation be denied, a written appeal may be submitted for reconsideration within 30 days of the denial.

I certify that the information provided on this form is correct. I understand that providing false information on this form may result in denial of accommodation request and /or more severe actions taken. I am aware of the application process and I have read all the terms of agreement.

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

**FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ACTION TAKEN:**

APPROVED  DENIED