



Learning 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)

Blind/ Low Vision ADD/ ADHD Acquired Brain Injury
 Deaf/ Hard of Hearing Health Related Chemical Dependence
 Deaf/ Blind Orthopedic Other (specify): _____
 Learning Disability Psychological _____

Type of Accommodations Requested:

(Please check all that apply)

Learning Environment:

Testing:

Equipment:

Residence Hall:

| | | | | |
|--|--|---|---|---|
| <input type="checkbox"/> Priority Registration | <input type="checkbox"/> Sign Language Interpreter | <input type="checkbox"/> Extended Time | <input type="checkbox"/> Assistive Listening Device | <input type="checkbox"/> Handrails |
| <input type="checkbox"/> Braille | <input type="checkbox"/> CART/ Transportation | <input type="checkbox"/> Out-of-Class | <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Roll-in Shower |
| <input type="checkbox"/> Large Print | <input type="checkbox"/> Note-taker | <input type="checkbox"/> Calculator | <input type="checkbox"/> Low Vision Aids | <input type="checkbox"/> Bathtub with Shower |
| <input type="checkbox"/> Alternative Textbooks | <input type="checkbox"/> Lab Assistant | <input type="checkbox"/> No Scan-Tron | <input type="checkbox"/> Calculator | <input type="checkbox"/> Flashing Doorbell/ Alarm |
| <input type="checkbox"/> Disability Related Absence | <input type="checkbox"/> Service Animal | <input type="checkbox"/> Reader Present | <input type="checkbox"/> Tape Recorder | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Preferential Seating | <input type="checkbox"/> Personal Care Attendant | <input type="checkbox"/> Scribe | | |
| <input type="checkbox"/> Accessible Site | <input type="checkbox"/> Space for Wheelchair | <input type="checkbox"/> Alternative Format | | |
| <input type="checkbox"/> Video Captioning/ Transcription | <input type="checkbox"/> Adjustable Tables | <input type="checkbox"/> Distraction Reduced Area | | |

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