Disability Accommodation Request Form

Name: __________________________ Date of Request: __________________________

DOB: __________________________ Sex: [ ] Male [ ] Female Primary Language Spoken: __________________________

Address: ____________________________________________________________

Home Phone: __________________________ City: __________________________ State: __________________________ Zip Code: __________________________

Home Phone: __________________________ 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)

<table>
<thead>
<tr>
<th>Learning Environment</th>
<th>Testing</th>
<th>Equipment</th>
<th>Residence Hall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority Registration</td>
<td>Sign Language Interpreter</td>
<td>Extended Time</td>
<td>Assistive Listening Device</td>
</tr>
<tr>
<td>Braille</td>
<td>CART/ Transportation</td>
<td>Out-of-Class</td>
<td>Assistive Technology</td>
</tr>
<tr>
<td>Large Print</td>
<td>Note-taker</td>
<td>Calculator</td>
<td>Low Vision Aids</td>
</tr>
<tr>
<td>Alternative Textbooks</td>
<td>Lab Assistant</td>
<td>No Scan-Tron</td>
<td>Calculator</td>
</tr>
<tr>
<td>Disability Related Absence</td>
<td>Service Animal</td>
<td>Reader Present</td>
<td>Tape Recorder</td>
</tr>
<tr>
<td>Preferential Seating</td>
<td>Personal Care Attendant</td>
<td>Scribe</td>
<td></td>
</tr>
<tr>
<td>Accessible Site</td>
<td>Space for Wheelchair</td>
<td>Alternative Format</td>
<td></td>
</tr>
<tr>
<td>Video Captioning/ Transcription</td>
<td>Adjustable Tables</td>
<td>Distraction Reduced Area</td>
<td></td>
</tr>
</tbody>
</table>

[ ] 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: __________________________ ACTION TAKEN: [ ] APPROVED [ ] DENIED

RECEIVED BY: __________________________

COMMENTS: __________________________________________________________

________________________________________________________

________________________________________________________