Office of Disability Services
SHIPPENSBURG UNIVERSITY
Accommodation Request
MUST BE COMPLETED BY STUDENT (will NOT be accepted if completed by someone other than student)

Shippensburg University is committed to being responsive to the special needs of students with disabilities. Please respond to the items below. If you should have any questions and/or concerns, contact the Office of Disability Services located in Horton Hall, Suite 324, (717) 477-1329 or (717) 477-1326. Print in black or blue ink.

Name: ____________________________ SUID: ____________________________

Home Address (required): ____________________________ SU e-mail address: __________________@ship.edu

(City/State/Zip)__________________________ Cell Phone: (_______) _______-__________

Check all that apply:

[ ] Physical Disability [ ] Visual Impairment
[ ] Medical Disability [ ] Hearing Impairment
[ ] Learning Disability [ ] ADD/ADHD
[ ] Emotional Disability [ ] Autism Spectrum
[ ] Post-Concussive Disorder (TBI) [ ] Temporary - End Date: ___/___/___
[ ] Other: ____________________________

In your own words, explain how your disability impacts you: ____________________________

_______________________________________________________________________________

AfterDirector/Asst. Director review of documentation, you MAY be eligible for one or more reasonable accommodation(s):

[ ] Enlarged print [X] Priority scheduling
[ ] Extended time for tests [100%] [ ] Notification of faculty
[ ] Note-taking [ ] Access to Adaptive Technology Lab 136
[ ] Alternate testing site [ ] Classroom/bldg. accessibility
[ ] Use of a basic calculator [ ] Books in alternate format
[ ] Laptop for essay exams [ ] Reader/Scribe for exams
[ ] Tape recording lecture [ ] Housing/Dining

Other [please explain]: ____________________________________________________________

It is required by law for you to submit appropriate documentation to the Office of Disability Services. Original Evaluation Reports must confirm the history of a disability; recent re-evaluation reports are highly preferred. Professional letters from a treating physician, therapist, or specialist must meet criteria. Documentation on a prescription pad is NOT acceptable. An IEP and Section 504 is not acceptable as sole source documentation. The Office of Disability Services coordinates accommodations and does not monitor or provide life coaching.

___________________________________________               ____________________________
Student Signature              Date

If you have a disability, please complete, sign, and return this form as soon as possible to:

Office of Disability Services
Horton Hall, Suite 324
Shippensburg University
Shippensburg, PA 17257-2299

Accommodations Approved by: ___________ Date: ________________