Office of Accessibility Resources

ACCOMMODATION REQUEST FORM
*MUST BE COMPLETED BY THE STUDENT*

Shippensburg University is committed to being responsive to the needs of students with disabilities. Please respond to the items below. If you have any questions or concerns, contact the Office of Accessibility Resources (OAR) located in Horton Hall, Suite 324. Phone: (717) 477-1326 or (717) 477-1329. Please print in black or blue ink.

<table>
<thead>
<tr>
<th>Name:</th>
<th>SU ID#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td>Ship email:</td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td>Cell phone:</td>
</tr>
</tbody>
</table>

Current disability diagnosis (check all that apply):

☐ Physical / Motor Impairment
☐ Medical/Health Impairment
☐ Learning Disability
☐ Emotional/Psychological
☐ Post-Concussion Syndrome / TBI
☐ Other (specify): ________________________________

☐ Visual Impairment/Blindness
☐ Hearing Impairment/Deafness
☐ Attention Deficit/Hyperactivity Disorder (ADHD)
☐ Autism Spectrum Disorder
☐ Temporary – End Date: __________________________

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

Requested accommodations:

<table>
<thead>
<tr>
<th>Testing:</th>
<th>Classroom:</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Extended time for tests (100%)</td>
<td>☐ Note-taking services</td>
<td>☐ Priority scheduling</td>
</tr>
<tr>
<td>☐ Alternate testing site</td>
<td>☐ Audio recording of lectures</td>
<td>☐ Notification of faculty</td>
</tr>
<tr>
<td>☐ Reader/scribe for exams</td>
<td>☐ Laptop for lecture notes</td>
<td>☐ Adaptive Tech Lab access (LL136)</td>
</tr>
<tr>
<td>☐ Laptop for essay exams</td>
<td>☐ Books in alternate format</td>
<td>☐ Enlarged print</td>
</tr>
<tr>
<td>☐ Use of basic calculator</td>
<td>☐ Classroom/building accessibility</td>
<td>☐ Housing / Dining</td>
</tr>
</tbody>
</table>

Other (specify): ______________________________________

You must submit appropriate documentation to the Office of Accessibility Resources for review. Original Evaluation Reports must confirm the history of disability; recent Reevaluation 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/or Section 504 Plan is not acceptable as sole source documentation. The Office of Accessibility Resources coordinates accommodations and does not monitor or provide life coaching.

Student signature

Date

Please return completed form to the Office of Accessibility Resources, Horton Hall, Suite 324, Shippensburg, PA, 17257.

OAR representative

Date approved

Rev. 08/2018 [klh]