



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 Mowrey Hall 252. Phone: (717) 477-1326 or (717) 477-1329. **Please print in black or blue ink.**

Name:		SU ID#:	
Home Address:		Ship email:	@ship.edu
City/State/Zip:		Cell phone:	

Current disability diagnosis (check all that apply):

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|---|--|
| <input type="checkbox"/> Physical / Motor Impairment | <input type="checkbox"/> Visual Impairment/Blindness |
| <input type="checkbox"/> Medical/Health Impairment | <input type="checkbox"/> Hearing Impairment/Deafness |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder (ADHD) |
| <input type="checkbox"/> Emotional/Psychological | <input type="checkbox"/> Autism Spectrum Disorder |
| <input type="checkbox"/> Post-Concussion Syndrome / TBI | <input type="checkbox"/> Temporary – End Date: _____ |
| <input type="checkbox"/> Other (specify): _____ | |

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

Requested accommodations:

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

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.

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Student signature

Date

Please return completed form to the Office of Accessibility Resources, Mowrey Hall 252, Shippensburg, PA, 17257.

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OAR representative

Date approved