****

DATE: \_\_\_\_\_\_\_\_\_\_\_\_

TERM: \_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT ACCOMMODATION REQUEST FORM**

**Personal Information:**

UA ID:

First Name:  Middle:  Last:

Preferred Name:  Date of Birth: Gender:

**Contact Information (Please provide ALL of the following):**

* Cell/Text: ()
* Home: ()

(Voice/VP)

* UA email: 
  + - (DSS uses your University email ONLY)

Mailing Address:

City:  State:  Zip:

**Medical/Disability Information:**

The Americans with Disabilities Act (ADA) requires students seeking DSS services to self-disclose their medical and/or disabling condition(s). All information disclosed is confidential and will not be shared with faculty or appear on transcripts.

What is (are) the disability(ies) you experience?

a.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*DSS requires medical and/or clinical documentation/records for this/these condition(s)*

What is the most difficult barrier to your education due to your disability?

**Accommodations:**

Have you received accommodations in the past? (circle one) Yes No

1. While DSS independently determines reasonable accommodations for accessibility at PWSC, please tell us what accommodation(s) you have received in the past.

1. If no, what accommodations do you need for educational access?

Although, I authorize Disability Support Services (DSS) to interact with professors/instructors/faculty (via Faculty Notification Letter or other mutually agreed upon communication) regarding my eligibility for accommodations and/or removal of academic barriers to my education as defined by the Americans with Disabilities Act (ADA), I understand that my specific disability will not be disclosed.

I allow for the following exceptions: \_\_\_\_\_

initial

Student Signature:  Date:

**How did you hear about DSS:** (check all that apply)

* Friend
* Family
* Academic Dept.
* Instructor
* Student Affairs Office
* Community Organization
* School District
* PWSC Staff

**Are you receiving services from:**  (circle all apply)

Division of Voc Rehab (DVR) Yes No

Veterans’ Affairs (VA) Yes No

Access Alaska Yes No

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No