



NORTHWEST CHRISTIAN UNIVERSITY

DISABILITY SERVICES REQUEST FORM

Name (please print): Student ID:

Home Address:

City: State: Zip:

Home Phone: Cell Phone:

E-mail:

Class/Program: Freshman Sophomore Junior Senior Adult Degree Program Graduate

A student who requests academic adjustments or modifications related to a disability must provide information and current documentation to the Disability Services Officer concerning his/her specific disability or condition and the requested modifications specified by a physician or an appropriate professional.

NATURE OF DISABILITY

Please provide a brief description of the nature of your disability. Indicate accommodations generally required to assist you in your educational experience. Attach additional pages to provide documentation of your disability, more details concerning your disability, and specific accommodations requested. You may receive additional information concerning available services and processes necessary for classroom adjustments.

I am a returning student and am requesting the same adjustment as last year with no changes.

Physical Impairment: Accommodations Requested:

Sensory Impairment: Accommodations Requested:

Specific Learning Disability: Accommodations Requested:

Psychiatric Impairment: Accommodations Requested:

I acknowledge that the exchange of information between the Disability Services office and other Northwest Christian staff and/or faculty may be necessary to facilitate my requests. I give my permission for such communication when necessary. Neither the specific diagnoses of my disability nor the specific nature of other confidential concerns will be released.

I give my permission for Disability Services staff to discuss my case with the following individuals and/or offices:

Parents (list their names):

Outside agencies (specify):

Student Signature

Date

Please return this form and appropriate documentation to: Disability Services, ATTN: Bethany Dilla Pomajevich Faculty Building, Office 116, Box #33