

## Disability Services Accommodations Application

An application must be submitted each semester for all students requesting services.

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_ Campus or Local Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

I am requesting services for Year: \_\_\_\_\_ Semester: Fall \_\_\_ Spring \_\_\_ Summer \_\_\_

I am an undergraduate \_\_\_\_\_ graduate \_\_\_\_\_ Avila Advantage \_\_\_\_\_ other: \_\_\_\_\_

I am a **(check one)**:

\_\_\_\_ first time Disability Services accommodation recipient. (See the other side of this application for additional information needed for new accommodation requests.)

\_\_\_\_ returning Avila student and I have previously submitted the necessary documentation.

\_\_\_\_ returning student with previously submitted documentation, but I have additional documentation I would like to have added to my file (attach copies) **or** am requesting a change in my accommodations.

I have **(check one)**:

\_\_\_\_ enrolled for my classes (**advise our office immediately if you change your schedule**).

\_\_\_\_ not yet enrolled for my classes, but I will enroll on or before \_\_\_\_\_.

I understand that it is my responsibility to notify the Disability Services Office when I enroll.

I also understand that late enrollment may delay the fulfillment of my request.

**Accommodations Requested** (please be as specific as possible, noting for which courses the requested accommodations are needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The information contained in this form, and in any attachments, is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I agree to allow the release of my name and contact information to notetaker(s) assigned to my classes if this is an approved accommodation for the indicated semester.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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For Office Use Only:

Accommodations to be provided: \_\_\_\_\_

Accommodation letters sent: \_\_\_\_\_

Notetaker Contracts: \_\_\_\_\_

Student \_\_\_\_\_ Faculty \_\_\_\_\_ Acad Dean's Ofc \_\_\_\_\_ Signed by student \_\_\_\_\_ Notetaker \_\_\_\_\_  
Date Date Date Date Date