Academic Skills Lab
Disability Accommodation Request Form

Name:_____
First Middle Initial Last

Address:_____

City:_____ State:_____ Zip:_____

Student's Phone #:_____ Student ID #:_____

E-mail:_____

Anticipated Start Date at UNOH: _____

_____

What is your primary disability?
_____
_____
_____
_____

How does this disability affect you as a student?
_____
_____
_____
_____
_____
_____

Please list any **disability-related** medications you are taking, along with any side effects that **significantly** affect your daily functioning:
_____
_____
_____
_____
_____

**Note: Students will be required to provide written documentation of their disability before special accommodations can be made.**

What special disability accommodations are you requesting?

_____
_____
_____
_____
_____
_____
_____

What disability accommodations/modifications were made for you in the past at your other schools (high school, colleges, etc), if any?

_____
_____
_____
_____
_____

I understand that UNOH Academic Skills Lab may communicate with other university offices or campus officials about my disability and special needs to fulfill my accommodation requests. I understand that this will only be done on a limited, need-to-know basis and only for the purpose of fulfilling accommodation requests and/or promoting my academic success.

I also give permission for the UNOH Academic Skills Lab to release any relevant academic information to any relevant agencies/organizations who are assisting me with my schooling or other support services (example: Department of Rehabilitation Services, Housing Authority, mental health providers, etc.).

_____ _____

Student Signature Date

Please return this form before you start school to:

UNOH
Attn: Danielle McClure
1441 N. Cable Rd.
Lima, Ohio 45805

Or fax it to:

Danielle McClure
419-998-8826