



# DISABILITY ACCOMMODATION REQUEST FORM

## PERSONAL INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Email: \_\_\_\_\_

Start Date at UNOH: \_\_\_\_\_

## ANSWER THE FOLLOWING QUESTIONS:

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.**

**CONTINUED ON BACK**

What special disability accommodations are you requesting?

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

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I understand that UNOH Student Success Department 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 Student Success Department 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