



**OFFICE OF DISABILITY SERVICES  
STUDENT REQUEST FOR ACCOMMODATIONS**

Capital University welcomes students with disabilities to be an integral part of the educational community. Our mission is to coordinate support services and accommodations for students with disabilities to ensure equal educational opportunities and equal access to University life. The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 prohibit discrimination of students with disabilities.

Students with disabilities who wish to receive assistance from the Office of Disability Services (ODS) are responsible for disclosing their disability to the ODS. This form is to be completed by students with disabilities who would like to pursue services with the ODS. Please return this form accompanied with the Certificate of Professional Authority and disability documentation to the ODS. Upon receipt of this information, the Coordinator for Disability Services will review the student's documentation and schedule an appointment with the student to discuss a reasonable accommodation plan.

**STUDENT INFORMATION:**

Name:	
Home Address:	
Home Telephone Number:	Cell Phone Number:
Email Address:	
Date of Birth:	Social Security Number:

**DISABILITY INFORMATION:**

A. Please describe below the type (e.g., physical, mental, learning disability) and nature of your disability. In addition, please describe the effect of the disability on your academic performance.

B. Please list the name, address, email address, phone number, and fax number of the professional authority or authorities that are providing a Certificate of Professional Authority in support of your request for accommodations.

C. HISTORY OF ACCOMMODATIONS:

Please list below accommodations you have received in the past (e.g., in high school, employment settings, etc.).

D. ACCOMMODATIONS REQUESTED:

Please specify below the accommodations you are requesting.

I understand that it is my responsibility to request accommodations in a timely manner. I also understand that it is my responsibility to ensure that the Certificate of Professional Authority and all necessary supporting documents are properly completed and returned in a timely manner to the Office of Disability Services. I understand that I must provide any additional information or documents required by the Office of Disability Services. I understand that it is my responsibility to complete the Accommodated Examination Schedule Request form when requesting accommodations for specific examinations. I hereby certify that to the best of my knowledge the information submitted in this Student Request for Accommodations is true and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_