



## ACCOMMODATIONS 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 Accessibility Coordinator 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 condition/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 or condition, 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 Accessibility Services and other Bushnell University 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 Accessibility 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: 828 E. 11<sup>th</sup> Avenue, Eugene, OR 97401;  
email: [accessibilityservices@bushnell.edu](mailto:accessibilityservices@bushnell.edu); or fax 541-684-7282