**APPLICATION FOR ACADEMIC ACCOMMODATIONS**

NOTE: In order to best track accommodations request, we ask that all applications be submitted electronically to:

[accessibility_disability@slu.edu](mailto:accessibility_disability@slu.edu).

<table>
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<tr>
<th>Academic Year Requesting Accommodations (e.g., 2021-2022, 2022-2023, etc.):</th>
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</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Banner #:</td>
</tr>
<tr>
<td>Home City, State:</td>
</tr>
<tr>
<td>SLU E-mail Address:</td>
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<tr>
<td>Circle Year:</td>
</tr>
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</table>

When do you expect to graduate?

I am requesting academic accommodations for the following diagnosed disabilities (check all that apply):

- [ ] ADD/ADHD
- [ ] Blindness/Visual Impairment
- [ ] Deaf/Hard of Hearing
- [ ] Learning Disability
- [ ] Orthopedic Impairment
- [ ] Physical Impairment
- [ ] Traumatic Brain Injury
- [ ] Medical Condition/Health Impairment
- [ ] Temporary Condition
- [ ] Psychological Disability / Mental Health Diagnosis; please specify:
- [ ] Other; please specify:

Are you currently connected with the following:

- [ ] Vocational Rehabilitation
- [ ] Veterans Affairs
- [ ] Student Support Services/Success Center

If yes, please provide the staff/advisor name and phone number:
Have you previously received accommodations?: ☐ Yes ☐ No

**What type(s) of academic accommodation(s) are you requesting?**

Please provide a list of accommodations requested below (even if they may not apply to all classes):


Please provide a brief written narrative of the functional impact your disability/diagnosis (how do you experience your disability/what challenges or obstacles have been present):

Please feel free to attach an additional page if you wish to add more information.

**DOCUMENTATION AND ACCOMMODATIONS**

I understand that requests for academic accommodations must be accompanied by current documentation of my diagnosed disability. The documentation that I present to the Center for Accessibility and Disability Resources (CADR) must meet documentation guidelines relevant to my academic coursework. While I am able to request accommodations, CADR has the right to determine appropriate and reasonable accommodations for my situation based on all information provided. CADR's final accommodation decision(s) may or may not coincide with information presented in the documentation and/or my personal preference. If I am informed that I need
additional, up-to-date documentation for a specific accommodation request, I understand I am personally responsible for obtaining this information per general higher education procedures.

All documentation will be solely used for the purpose of determining both service eligibility and reasonable accommodations to be provided. **Information from my documentation and specific reference of my diagnosed disability will not be placed on any official academic records or transcripts.**

At this time, I have / have not submitted acceptable documentation for accommodation services.

- Failure to submit documentation may result in accommodation services being stopped until appropriate paperwork is submitted. In addition, the CADR staff may advise changes to the initially agreed upon accommodations once documentation has been received and reviewed.

I have read the above information and understand the process and my responsibilities.

Student Signature: Date:

**RELEASE OF INFORMATION**

I, __________, hereby authorize and request that CADR be able to release and/or obtain all confidential information required in the course of the evaluations and treatments of my disability. *This information is to be solely used for the purpose of providing academic accommodations.*

**By marking the following boxes, I give the CADR my permission to speak with the following people on my behalf solely for the purpose of providing and successfully arranging academic accommodations and related support services:**

<table>
<thead>
<tr>
<th>SLU Faculty / Instructors and SLU Staff</th>
<th>Parent(s) / Legal Guardian(s)</th>
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<tbody>
<tr>
<td>Healthcare providers (doctors, counselors, psychiatrists, psychologists, etc.)</td>
<td>Service providers (Vocational Rehabilitation, interpreters, etc.)</td>
</tr>
<tr>
<td>Other (spouse, sibling, etc.;) please specify:</td>
<td></td>
</tr>
</tbody>
</table>

I understand that I may revoke this authorization at any time by informing the above parties in writing, except to the extent that prior action has been taken on it. **This authorization will expire on August 15th of the academic year accommodations were requested.** I will need to renew this release after this date in order to continue receiving accommodation.
In consideration of this authorization, I hereby release the above parties from any legal liability for the exchange of my information.

Student’s Signature:  

Date:  

Please submit this form to the Center for Accessibility and Disability Resources located in the Student Success Center, Busch Student Center 331 or as an email attachment to accessibility_disability@slu.edu. Please note that some accommodations, including but not limited to, alternate format materials take time to arrange.

Therefore, timely submission of your requests and appropriate documentation are essential.

Your application for accommodations will expire at the conclusion of each academic year. You are required to submit a renewal application each academic year if you would like to continue utilizing accommodations. Information regarding renewal of accommodations is provided during the months of April-August.