

Name: _____ Student ID Number: _____ Date: _____

Home Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Class/Program: First Year Sophomore Junior Senior SPS Graduate - Program: _____

A student who requests academic adjustments or modifications related to a disability must provide information and current documentation to the Disability Services Office concerning the specific disability or condition and the requested modifications specified by a physician or an appropriate professional. For more details go to ds.georgefox.edu.

This request must be completed each year.

NATURE OF DISABILITY

Please provide a brief description of the nature of your 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, and specific accommodations requested.** (See ds.georgefox.edu for more information concerning available services and processes necessary for classroom adjustments.)

I am a returning student and am requesting the same adjustments as last year with no changes.

Physical impairment: _____

Accommodation requested: _____

Sensory impairment: _____

Accommodation requested: _____

Specific learning disability: _____

Accommodation requested: _____

Psychiatric impairment: _____

Accommodation requested: _____

I acknowledge that the exchange of information may need to take place between the Disability Services Office and other George Fox University staff and/or faculty in order to comply with my needs. I give permission for such communication when necessary. Neither the specific diagnosis of my disability nor the specific nature of other confidential concerns will be released.

I give my permission for Disability services staff to discuss my case with the following individual and/or offices:

Parents (list their names): _____

Outside agencies (specify): _____

Student Signature: _____ **Date:** _____

Additional information can be found at ds.georgefox.edu

Please return this form and appropriate documentation to:

Disability Services, George Fox University, 414 N. Meridian St. Box 6148, Newberg, OR 97132 (Fax – 503-554-2339)