

Disability Services Request Form



GEORGE FOX
UNIVERSITY

Name: _____ Student ID Number: _____

(please print)

Home Address: _____

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

Class/Program: Freshman 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.**

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) You may receive additional 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: _____

Accommodations requested: _____

Sensory impairment: _____

Accommodations requested: _____

Specific learning disability: _____

Accommodations requested: _____

Psychiatric impairment: _____

Accommodations 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 my 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 individuals 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, Newberg, OR 97132-2697 (Fax – 503-554-2339)