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**Center for Accessibility Services and Academic Accommodations**

**Request for Accommodations**

|  |  |
| --- | --- |
| Name | Date |
| Student ID# | Date of birth Month/Day/Year |
| Address Street | City State Zip code |
| Home phone | Work/Cell phone: |
| Email address |  |

Major

Emergency Contact

Please check the best way to contact you: home phone  cell phone  email

Enrollment Information:  Full time  Part time  XCP

|  |  |  |
| --- | --- | --- |
| the blind, etc.)? |  Yes |  No |
| Agency name |  | Contact person(s) |
| Agency name |  | Contact person(s) |

Are you currently involved with any vocational rehabilitation agencies (the state rehabilitation program, the commission for

DISABILITY(IES): Check all that apply:

|  |  |  |
| --- | --- | --- |
|  Learning disability |  ADD/ADHD |  Visual impairment |
|  Hearing impairment |  Chronic illness |  Mental health |
|  Physical impairment |  Traumatic brain injury |  Other |

Note: All requests for accommodations must be supported by relevant, up-to-date disability documentation and suggested accommodations provided by qualified professionals such as psychologists, medical doctors, or agencies specializing in the diagnosis of such disabilities.

How does your disability impact your learning and what services do you feel will be necessary for you to succeed in college?

Documentation attached:  Yes  No

If no, when will documentation be provided?

Month/Day/Year

If yes, date disability documentation was completed.

Month/Day/Year

If you received accommodations from the accessibility/disability services department at another college or university, what services did you receive?

Indicate the accessibility service(s) you will be requesting from American International College.

I give my permission for the staff in Accessibility Services to speak with any appropriate family members regarding the disability services I am requesting at American International College.  Yes  No Initial:

I give my permission for the staff in Accessibility Services to share with members of the administration, faculty, and/or support staff of American International College, any diagnostic and/or instructional information pertaining to me for the purpose of assisting me in my studies and course work.  Yes  No Initial:

# CONFIDENTIALITY STATEMENT

An integral part of any counseling relationship is the principle of confidentiality. This principle assures you that the facts and opinions you reveal about yourself will be held in confidence and will not be revealed to others without your written permission.

There are exceptions to this rule that you need to be made aware of. They Include:

Professional consultation Legal cases related to:

Child abuse/neglect Child Custody

Elder abuse/neglect Hospitalization

Threatening to harm yourself or another Court ordered evaluations

I have read and understand these principles.

Student Accessibility Services

Date