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

Are you a student-athlete? ☐ Yes ☐ No Sport(s) you play:_____

Are you currently involved with any vocational rehabilitation agencies (the state rehabilitation program, the commission for the blind, etc.)? ☐ Yes ☐ No

Agency name Contact person(s)

Agency name Contact person(s)

DISABILITY(IES): Check all that apply:
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.

☐ Learning disability ☐ ADD/ADHD ☐ Visual impairment
☐ Hearing impairment ☐ Chronic illness ☐ Mental health
☐ Physical impairment ☐ Traumatic brain injury ☐ Other _____

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

_____

_____

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