

## Application for Services

**IMPORTANT:** By filling out this form does not guarantee eligibility for services. Students are responsible for providing The Office of Accessibility Services (OAS) with documentation verifying their disability. OAS staff will review documentation to determine eligibility for accommodations.

### I. STUDENT CONTACT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_@lasierra.edu

### II. CATEGORY OF DISABILITY

\_\_\_\_\_ Visually Impaired

\_\_\_\_\_ Deaf/Hard of Hearing

\_\_\_\_\_ Learning Disability

\_\_\_\_\_ Psychological Disability

\_\_\_\_\_ Mobility Impaired

\_\_\_\_\_ Other Functional Limitation

**Disability Status:**     Temporary     Permanent

### III. Getting To Know You:

Major: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ Degree: \_\_\_\_\_

Career Goal: \_\_\_\_\_

Are you currently on academic probation/academically disqualified?  Yes     No

What environments create barriers/challenges for you?

What specific barriers or challenges do you find in the classroom? Studying? Testing?

What kind of exams or assessments/assignments work well for you?

Have you had any accommodations in the past? If so, what accommodations did you have and how did they help you?

What accommodations are you requesting for La Sierra University?

### **Confidentiality Statement**

Please read, sign and date the following confidentiality and disclosure statement:

I understand that disability related information I provide to Accessibility Services at La Sierra is confidential and can only be disclosed at my request except when:

1. The Accessibility Services staff consults with the author of my disability documentation in determining my eligibility for reasonable accommodations at La Sierra University.
2. The Accessibility Services staff communicates with university faculty and staff on how to implement a reasonable accommodation I have requested and that I am eligible to use.
3. The Accessibility Services staff communicates with University faculty and staff, on a need to know basis, in the event a health and/or safety issue occurs.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_