



APPLICATION FOR STUDENT ACCOMMODATIONS

SECTION 1: STUDENT'S INFORMATION

Student's Name: _____ Campus Name: _____

Banner (U) Number: _____ Date of Birth: _____

Address: _____

Email Address: _____ Student's Phone #: _____

Gender: Male Female Other: _____ Prefer Not to Answer

Semester Accommodations Being Requested: Fall Spring Summer, 20____

Classification: Freshman Sophomore Junior Senior Graduate Student

Dual Enrollment Non-Degree Student

For SULC Students Only: 1L 2L 3L 4L

Major: _____

Student Organization(s): _____

Residency: In-state student that lives on-campus In state student that lives off-campus

Out-of-state student that lives on-campus Out-of-state student that lives off-campus

Do you receive third-party billing: Yes No

If yes, list third-party vendor: _____

Are you a client of Louisiana Rehabilitation Services: Yes No

If yes, list case manager: _____

Are you a veteran: Yes No

Are you residing in residential housing: Yes No

If yes, are you requesting an emotional support animal: Yes No

Did you receive accommodations through Disability Services last semester: Yes No

SECTION 2: EMERGENCY CONTACT

Name: _____ Relationship: _____

Email: _____ Phone #: _____

Do you grant Disability Services permission to speak with your emergency contact regarding your records, including any accommodations, housed within Disability Services? This is a waiver of your rights under the Family Educational Rights and Privacy Act (FERPA). Yes No

SECTION 3: NATURE OF REQUEST

- Disability
- Temporary Disability
- English-Second Language (ESL)
- Pregnant and Parenting

SECTION 4: NATURE OF DISABILITY

Please indicate your disability type(s). Check all that apply.

- Sensory Disability (e.g., hearing impairment, visual impairment, etc.)
- Learning Disability
- Physical/Medical Disability
- Psychological/Mental Health Disability
- Attention Deficit Hyperactivity Disorder (ADHD)
- Other: _____

Please describe your diagnosed disability(ies), and state your date of most recent diagnosis.

Please describe how your disability affects you both outside and inside the classroom, including testing and studying situations.

List the names and contact information of the medical professional(s) treating the disabilities stated in this application.

SECTION 5: ACCOMMODATIONS

Check all the accommodations you are requesting.

- Accessible Classroom/Location/Furniture
- Alternative Format Material
- Assignment Extension Accommodations
- Assistive Technology
- Attendance Accommodations
- Captioning
- Course Substitution
- Extended Time for Exams
- Interpreting Services
- Recording Lectures
- Testing Location
- Other: _____

List any accommodations previously received.

SECTION 6: STUDENT RESPONSIBILITIES

As the Student, I understand the following:

1. **Accommodations are not retroactive**, and the University is not obligated to provide accommodations until the application process has been completed and accommodations have been officially approved by the Disability Services Coordinator.
2. It is my responsibility to self-disclose the presence of a disability to Disability Services to be eligible for accommodations through Disability Services.
3. It is my responsibility to request accommodations from Disability Services in advance of the need each semester.
4. It is my responsibility to self-advocate and communicate with faculty and staff as it relates to my disability and accommodations. This includes meeting with my professors to discuss the accommodations for each course.
5. It is my responsibility to routinely check my University email.

6. It is my responsibility to participate in the intake appointment with the Disability Services Coordinator after submitting this application.
7. It is my responsibility to follow the procedures for requesting and accessing specific accommodations.
8. It is my responsibility to meet the same essential standards as students without disabilities in my academic program and courses. Essential standards include academic, behavioral, performance, and technical standards.
9. It is my responsibility to report any challenges related to approved accommodations to the Disability Services Coordinator or ADA Coordinator as soon as is reasonably possible to address the challenge and avoid delays in accessing the accommodations.
10. It is my responsibility to follow all policies and procedures relating to Disability Services.
11. Each semester in which I am requesting accommodations through Disability Services, I must submit the following to Disability Services:
 - a. Application for Accommodations,
 - b. Complete course schedule, and
 - c. Paid fee bill.
12. If I qualify for testing in the Disability Services testing center, it is my responsibility to schedule the exam at least three (3) business days prior to the exam with the Disability Services Coordinator and my professor.
13. If I qualify for the accommodation of recording lectures, I understand that I may not share the recorded lecture with other people without consent from the lecturer. I further understand that I shall no longer be eligible for this accommodation if I have been found to have shared a recorded lecture without the lecturer's consent.
14. If I check out any equipment from Disability Services, it is my responsibility to ensure the equipment is neither lost, damaged, nor unreturned. I will be responsible for the current replacement or repair cost, which will be reflected on my student financial account.

SECTION 7: STATEMENT OF CONFIDENTIALITY

The Southern University System is committed to ensuring that all information and communication pertaining to a student's disability is maintained as confidential as required by law. Therefore, all documentation obtained as part of an accommodation request, including medical and other relevant information, shall be maintained as confidential records, separate from the student's academic record, and subject to disclosure only as allowed by law or with the student's permission.

SECTION 8: SUPPORTING DOCUMENTATION

Please provide any supporting documentation for your request with this application. If additional documentation is needed, Disability Services will contact you.

Please note that any medical documentation, testing, evaluations, assessments, etc. must be within three (3) years of the start of the semester in which you are applying for accommodations.

Student's Signature: _____

Date: _____