



Disability Disclosure and Accommodation Form

This form documents your self-disclosure of your disability and your request(s) for accommodations. This information is kept confidential at the highest level possible.

Name: _____

Campus Address: _____ Extension: _____

Disability disclosed: _____

Accommodation(s) requested: _____

Signature: _____ Date: _____

For Office Use Only

Is the request reasonable? Yes _____ No _____ Date: _____

Explain: _____

Is there a preferred alternative reasonable accommodation? Yes _____ No _____

Explain: _____

Action: _____

Disability Service Provider's Signature: _____

Date: _____