

Official Request for Accommodation Form

**Student Disability Services
Office of Student Affairs**



**Centennial Center
Room 201**

918-343-7579

This form must be completed each semester you seek accommodation(s).

Rogers State University is committed to providing students with disabilities access to educational programs and services. Consistent with the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, any student who is a *qualified individual with a disability* will have equal access to university programs and services.

Student Name _____ Date: _____

Student Identification Number _____ Email: _____

Semester you are requesting accommodations: Fall Spring Summer _____ (year)

Have you previously requested and received accommodations at RSU? ____ If so, when? _____

PERMANENT ADDRESS	CAMPUS OR LOCAL ADDRESS
Street: _____	Street: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: () _____	Phone: () _____

Type(s) of Disability: <input type="checkbox"/> Mobility <input type="checkbox"/> Visual <input type="checkbox"/> Hearing <input type="checkbox"/> Psychiatric <input type="checkbox"/> Learning <input type="checkbox"/> AD/HD <input type="checkbox"/> Health <input type="checkbox"/> Other	Are you receiving State Vocational Rehabilitation services? _____ Yes _____ No
---	--

Describe your disability and how it affects your performance as a student.

Campus you are attending: Claremore Bartlesville Pryor

Use the space below to list the type of educational accommodations you are requesting:

It is my responsibility to provide the designated university office with written proof of my disability from licensed professionals/agencies and to make a request for accommodation in writing to qualify for services. I understand that my records will be handled in a confidential manner and that official accommodation(s) is pending until official approval is indicated by Student Disability Services.

Signature of Student _____ Date _____