Official Request for Accommodation Form

Student Disability Services  
Office of Student Affairs  

Dr. Carolyn Taylor Center  
Room 201

918-343-6828

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)

Are you currently enrolled in courses for the above semester?  
☐ Yes  ☐ No

Have you previously requested and received accommodations at RSU?  
☐ Yes  ☐ No  
If so, when?______________________________________________

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<th>CAMPUS OR LOCAL ADDRESS</th>
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<td>State:____  Zip:________</td>
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Type(s) of Disability:  ☐ Mobility  ☐ Visual  ☐ Hearing  ☐ Psychiatric  ☐ Learning  ☐ AD/HD  ☐ Health  ☐ 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  ☐ Online

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 ____________________________

Updated 12/17/13
Student Affairs
Student Responsibilities Agreement
Student Disability Services

This form must be submitted each semester along with the Official Request for Accommodations.

☐ Fall  ☐ Spring  ☐ Summer  Year_______

Student's Name: ___________________________  Student Identification Number: __________________

The following are the responsibilities of a student applying for or receiving services through the Student Affairs (SA) Office. Please read each statement thoroughly and initial:

GENERAL

_____ 1. You must provide current documentation that supports your specific disability to the Student Affairs Office. Until such information is received and evaluated, you are not officially qualified for services. The guidelines for documentation are available in writing and on the RSU website. You may also wish to schedule a meeting with the Coordinator of Disability Services to clarify any requirements for service.

_____ 2. It is your responsibility to put a request for accommodation in writing prior to the start of each new semester. There is a form to be used for this purpose in the Student Affairs Office. Failure to renew your request in writing for each semester will result in your services being suspended.

_____ 3. Once you have provided adequate documentation and have made a request for services in writing, it is your responsibility to follow up with the Student Affairs Office to check on your approval status. You may schedule a meeting with the Coordinator of Disability Services at any time to review your requests for services or to initiate an appeal for any service that is denied.

_____ 4. After you have submitted the appropriate documentation, completed the appropriate forms and had an interview with the Coordinator of Disability Services, a decision will be made concerning your disability accommodations. If the Coordinator approves accommodations, you will receive a letter outlining these accommodations. After receiving this letter, you should contact each of your instructors and schedule a meeting with them. In this meeting, you will need to bring the original official disability accommodation letter to share with the instructors. During this meeting, you go over your accommodations and give your professor a copy of your letter.

_____ 5. It is also your responsibility to maintain a regular dialogue with your instructors about any services that are provided in their classrooms, particularly any concerns or problems. It is your responsibility to notify the Student Affairs Office, in a timely manner, if you have not been able to work out problems with your instructor(s).

_____ 6. If you add or drop a class during the semester you must inform the Student Affairs Office in writing or by providing a copy of the Add/Drop form or, a copy of your modified schedule.

_____ 7. If your name, address or telephone number changes during the semester, please notify the Student Affairs Office.

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8. If a classroom is physically inaccessible, you must inform the Student Affairs Office so a possible relocation can be arranged.

9. You are required to sign a "Student Responsibilities Agreement" at the start of each semester. Upon request, a copy will be provided to you for your referral and records.

SERVICES

1. If you are approved for a volunteer note-taker and you are not receiving notes, you must immediately inform the instructor and the Student Affairs Office. If your instructor has not provided a volunteer note-taker for you, you must immediately notify the Student Affairs Office. If you are excessively absent, your instructor reserves the right to terminate your volunteer note-taking arrangements.

2. It is your responsibility to remind your instructor about your special arrangements as each exam approaches. If you miss a scheduled exam due to illness, you must provide documentation to support your absence and get written permission from the professor to reschedule the exam.

3. Exams are to be taken at the same time as the scheduled class exam. The exceptions are a class conflict or with special permission from your professor. If there is a class conflict, the exam must be scheduled for the first available time on the same day, whether it is prior to or after the original test time.

4. If you experience any difficulty with your testing accommodations, you must notify the Student Affairs Office immediately. If you are in the process of taking the exam, you must stop and inform the test proctor of any difficulty. If you fail to report any concern at the point in which it occurs, the university is not responsible for the consequences of your failure to inform us of any difficulty. If you are caught cheating on an exam your ability to test in the Testing Center is terminated and you will be reported to your professor for a conduct code violation.

5. If alternative testing is arranged with your instructor, and you believe the instructor is not providing the required accommodation, you must inform the instructor and contact the Student Affairs Office immediately.

6. If you are approved for testing in the Office of Student Affairs and a proctor/scribe/reader, you must contact the Office of Disability Services at least 2 business days before the exam so that your exam can be placed on the schedule. Without adequate notice you may be unable to test with a proctor/scribe/reader for that exam.

7. Failure to appear for 3 or more testing appointments in Student Affairs without adequate notice and explanation, may result in forfeiture of the proctor/scribe/reader accommodation.

8. All borrowed equipment or materials (e.g., tape players, etc.) must be returned to the Student Affairs Office at the end of each semester. A hold will be placed on your account if borrowed items are not returned. All equipment is reserved on a first come, first serve basis. If borrowed equipment or materials are lost, it is your responsibility to replace the exact item lost at your expense.

9. If you require special accommodations for student housing or experience issues with current housing accommodations, you must inform the Office of Disability Services and the Office of Residential Life in a timely manner so that reasonable accommodations or changes to current accommodations can be made.

CONTINUE TO NEXT PAGE
NOTICE: Accommodations do not go into effect until you have thoroughly discussed them with your professors.

The Student Affairs Office will make every responsible effort to ensure that your educational needs are addressed by serving as an advocate and assisting in the coordination of any reasonable accommodations. By signing this agreement you are acknowledging that you are aware of your responsibilities as a student requesting educational assistance under the Americans with Disabilities Act.

__________________________________________    __________________
Student Signature          Date

__________________________________________    __________________
Student Affairs Staff          Date
Waiver of Family Educational Rights and Privacy Act

The Family Educational Rights and Privacy Act (The Buckley Amendment) provides students the right to inspect and review educational records, the right to seek to amend educational records, and the right to have some control over the disclosure of information from education records. In compliance with this Federal law (34 CFR : 99) students have a right of privacy to personal information contained as part of the education record. If the student wishes to release this information they may do so by signing the following waiver. It is to be understood that upon waiving their right to privacy, requests for student records and information will only be disclosed to those entities or persons listed on the form.

I, ______________________________________________,

Student Identification #_____________________ hereby grant Rogers State University the right to discuss information contained in my student educational record with following listed individuals or organizations.

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________________________________________________
Student Signature

________________________________________________
Student Name (please print or type)

________________________________________________
Date

Revised February 7, 2012