



## Office of Disability Services

### REQUEST FOR ACCOMMODATIONS FORM (ADA Law / Section 504 Provision / Title III)

HU SID#: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Personal Information:**

Name: \_\_\_\_\_

Declared Academic Degree: \_\_\_\_\_

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

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

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

HU E-Mail: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Contact #: \_\_\_\_\_

#### **Disability Information:**

List your current physical, cognitive, developmental and/or mental health impairment/s:

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Explain how the above disabilities cause any limitations on your current academic activities and or performance as a student:

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List the type of academic accommodations you are requesting at this time:

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*I am indicating that I have read and understand the following (please put your name initials one each line below)*

\_\_\_\_\_ I have voluntarily disclosed or self-identified the disability for which I am requesting accommodations.

\_\_\_\_\_ I am formally requesting to receive accommodations through the Office of Ability Services at Heritage University.

\_\_\_\_\_ I acknowledge that my request for accommodations must be renewed every academic year that I am registered at Heritage University.

\_\_\_\_\_ Receiving accommodations at Heritage University does not indicate alterations to academic standards, school policies, or the essential elements of a course curriculum.

\_\_\_\_\_ All Heritage University students are expected to complete the same amount of school work and are held accountable to the same academic and behavioral standards.

\_\_\_\_\_ I will provide documentation of my disability that is verified by a medical professional, qualified psychologist, or licensed therapist. Documents must be within 3-5 years of endorsement.

\_\_\_\_\_ It is my responsibility to contact physicians or professionals to receive documentation necessary to substantiate my request for accommodations.

\_\_\_\_\_ Any cost associated with learning testing, diagnoses, or medical documentation to support my request for accommodations will be borne by the student.

\_\_\_\_\_ Heritage University is a private institution and thus is not required to pay for personal aids, software and/or expensive electronics that may be a burden to the University.

\_\_\_\_\_ It is my responsibility to promptly notify the Office of Ability Services for any concerns or changes to ongoing accommodations.

\_\_\_\_\_ At any time, I may decline verbally or in writing receiving disability services.

Student's Signature: \_\_\_\_\_ SID#: \_\_\_\_\_ Date: \_\_\_\_\_



## Office of Disability Services

### Release of Information (ROI) (ADA Law / Section 504 Provision / Title III)

#### Authorization for Release and Exchange of information:

I understand that the Office of Ability Services at Heritage University has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow the Office of Ability Services to release some of my personal information to certain individuals or agencies when strictly needed.

I, \_\_\_\_\_, authorize the Office of Ability Services to  
Student's Name

share information found in my ADA file with: Corey Hodge, Vice-President for Student Affairs. This release is only used in complex cases in which the student is appealing a denial of accommodations, a grievance with faculty, a harassment issue, or requesting accommodations that are not currently available or approved by the institution.

This release of information is valid while I am in attendance at Heritage University unless I revoke the authorization in writing. Heritage University is not liable for releasing my records/information to the authorized personnel checked and initialed above.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mental & Social Health Counselor / ADA Specialist

\_\_\_\_\_  
Date