

## REQUEST FOR DISABILITY ACCOMMODATIONS

To be completed by student. *This form is available electronically at [www.western.edu/ds](http://www.western.edu/ds)*

### Request for Accommodations

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Western Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Western Email: \_\_\_\_\_@western.edu Other Email: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Veteran: No Yes Are you a client of: The Veteran Administration of Vocational Rehabilitation? No Yes  
The State Vocational Rehabilitation? No Yes

VA/DVR Counselor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Disability and Current Impact

Primary Disability: \_\_\_\_\_

Secondary Disability: \_\_\_\_\_

Describe how your disability currently impacts you:

*School impacts:*

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*Work impacts:*

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*Social/Personal impacts:*

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What accommodations are you requesting? (Include academic, physical, communication, access needs, etc.)

Accommodation(s)	Reason for Accommodation(s)

Academic History

Major: \_\_\_\_\_ Year of Enrollment: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Did you have an IEP, 504 Plan, or some other academic-based support? No Yes *If so, please submit a copy.*

Are you transferring to Western from another college or university? No Yes

Name of School: \_\_\_\_\_ TR credits completed: \_\_\_\_\_

Did you attend a public or a private high school? Name of High School: \_\_\_\_\_

Describe your strengths, weaknesses, and special interests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What were your grades or grade point average (GPA) in high school or any other undergraduate studies? \_\_\_\_\_

Are you taking any medications? No Yes – If yes, please describe, including if effective or ineffective.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you participated in any therapeutic services (therapy, coaching, support services, etc) to manage the impacts of your condition? No Yes – If yes, please describe, including if these were effective or ineffective.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximately how many hours a week do you spend studying/preparing for school? \_\_\_\_\_

Do you feel you will need referrals to additional support services (assistance with writing, study skills, time management/organization, self-advocacy skills, academic advising, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

**Informed Consent for Information Release**

I, \_\_\_\_\_ hereby authorize Disability Services at Western State Colorado University to discuss, either in writing or orally, my academic accommodations with appropriate administrators, instructors, professors, and third-party services providers as deemed necessary by Western Disability Services staff for the purpose of providing and/or coordinating accommodations and services for me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Both documentation and this request form must be received before a review by Disability Services can proceed. For more information on documentation guidelines, please visit the Disability Services website at [www.western.edu/ds](http://www.western.edu/ds).

Once you have completed these steps, please contact Western Disability Services to schedule an intake interview.

**Please do not submit the original copy of your documentation. All records held by Disability Services are destroyed seven years after a student leaves Western State Colorado University.**

Please submit this form to our office via email, fax, mail, or in person:

Disability Services | Western State Colorado University | Taylor 302 | 600 N Adams St. | Gunnison, CO 81230  
Phone: 970.943.7056 | Fax: 970.943.3409 | Email: [arc@western.edu](mailto:arc@western.edu)