

Disability Accommodation Request Form

A student who requests reasonable accommodation related to a disability must provide information and recent documentation to the *Director of Academic Success and Advising* concerning his/her specific disability or condition and the requested accommodations as specified by a relevant qualified treating medical or other appropriate professional. By completing this form and providing documentation of your disability, you are indicating your approval for information concerning your request to be shared with an appropriate Academic Success or Student Development services coordinator, your academic advisor, and faculty members who teach classes in which you enroll. Please indicate below other offices and/or individuals with whom you give permission for Academic Success or Student Development staff to discuss your case.

I give my permission for Academic Success or Student Development staff to discuss my case with the following offices and/or individuals in addition to those mentioned above:

- Housing/Residence Life Student Development Academic Success Human Resources
 Health Services Counseling Center Student Employment Super.
 Other support services on campus (*specify*): _____

 Outside agencies (*specify*): _____

Northwest University wants to assist students with disabilities in realizing their personal educational goals by working for reasonable accommodations in the academic environment. Please help us serve you by providing the information requested below. You are encouraged to provide additional information regarding services you have found helpful in previous educational settings.

Name: _____ Student ID number _____
(please print)

Address: _____

Class: Freshman Sophomore Junior Senior Graduate LEAP

NATURE OF DISABILITY

Please provide below a brief description of the nature of your disability. Indicate accommodations generally required to assist you in your educational/campus life experience. **Attach additional pages to provide documentation of your disability, more details concerning your disability, and specific accommodations requested.** You may receive additional information concerning available services and processes necessary for accommodation.

- Physical impairment : _____
 Sensory impairment : _____
 Specific learning disability : _____
 Psychiatric impairment : _____

Accommodations requested : _____

Student Signature: _____ **Date:** _____

Please return this form to:
Academic Success and Advising or Student Development
Northwest University Box 579 Kirkland, WA 98083