



Academic Success Center
 1700 S. Main St., Goshen, IN
 P: 574.535.7560 | F: 574.535.7438
 jweaver@goshen.edu

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 Center (ASC) concerning his/her specific disability or condition and the requested accommodations as specified by a physician or an 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 the ASC director, your academic adviser, and faculty members who teach classes in which you enroll. Please indicate below other offices and/or individuals with whom you give permission for the ASC director to discuss your case.

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

- Housing
- Human Resources
- Counseling Office
- Food Service
- Goshen Family Physicians
- Other: _____
- Outside medical or service provider: _____
 Address/contact information: _____
- Outside medical or service provider: _____
 Address/contact information: _____

Goshen College 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: _____ Goshen College ID number: _____
(please print)

Address: _____

Class: First Year Sophomore Junior Senior Division of Adult & External Studies

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.

- Physical impairment:** _____
 Accommodations requested: _____
- Sensory impairment:** _____
 Accommodations requested: _____
- Specific learning disability:** _____
 Accommodations requested: _____
- Other:** _____

Student signature: _____ **Date:** _____