Request for Accommodations and Services Form

Dear Student:

At Bradley University, the Office of Access Services (OAS), a part of the Center for Learning and Access within the division of Student Affairs, is responsible for determining eligibility and arranging academic adjustments, auxiliary aids, and services for students with disabilities.

Bradley University is committed to meeting its obligations pursuant to Section 504 of the Rehabilitation Act of 1973, as amended, and the American with Disabilities Act of 1990, as amended. These federal regulations define an individual with a disability as someone who has a physical or mental impairment that substantially limits one or more of the major life activities. Please note that eligibility for services is based upon a review of current medical or psychological documentation and initial intake interview. Information provided to OAS is confidential.

Please complete this form as a part of your intake process. The purpose of this form is to give you, the student, the opportunity to tell us about your disability, the impact of the condition, and what accommodations you have used in the past. The application process is finished when all of the following steps have been completed:
1. Submission of this Request for Accommodations and Services form.
2. Submission of current and comprehensive disability documentation that meets Bradley University guidelines.
3. You have met with your disability counselor for an initial intake interview.

I. Personal Information -- All information is to be completed by the student.

Name: ___________________________ Bradley ID #: ___________________________

Date of birth: ___________ Phone: ___________

II. Accommodation History
High School(s) Attended: ___________________________
List disability accommodations and/or services used, including their effectiveness:

III. Bradley Academic Information
Academic Major/Interest: __________________ Career Interest: __________________

IV. Disability Information:
What is the nature of the disability? (check all that apply):

- Blind
- Low Vision
- Deaf
- Hard-of-Hearing
- Mobility
- Neurological Condition
- Psychological condition
- Chronic Medical Condition
- Traumatic Brain Injury
- Learning Disability
- Attention Deficit/Hyperactivity Disorder
- Other: __________________

What major life activity is involved? (check all that apply):

- Caring for oneself
- Performing manual tasks
- Seeing
- Hearing
- Eating
- Sleeping
- Walking
- Lifting
- Bending
- Speaking
- Breathing
- Learning
- Reading
- Concentrating
- Thinking
- Communicating
- Working
- Standing
- Other

_________________________ ___________________________
Student's Signature Date

My signature below certifies that the information provided is accurate and acknowledges that I am fully aware of my responsibilities as it relates to my Request for Disability Services. My failure to follow these guidelines may result in a delay or interruption of services.
Bradley University – Office of Access Services – Request for Accommodations and Services

Name ________________________________

Contact Phone # ____________________________

1. Describe your learning strengths and concerns and how these impact your academic performance:
   Strengths and impact:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Concerns and impact:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

2. In your own words, describe your disability and its impact on your daily life:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. Describe how your disability affects you in an academic setting, if applicable:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

4. List academic accommodations you are requesting in an academic setting:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

5. List any additional academic support you have used in and out of school.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

6. What are your interests academically and recreationally?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

AUTHORIZATION TO DISCUSS EDUCATION RECORD INFORMATION

I, ________________________________, a student at Bradley University, authorize the staff of the Center for Learning and Access (CLA) to release any and all academic and other related information deemed appropriate to any guardian of mine, to any parent of mine or any other party to carry out the tasks and goals of the CLA at Bradley University.

I additionally authorize faculty and professional staff at Bradley University to share information regarding my progress at the University with the staff of the Center for Learning and Access.

I understand that I have the right to review the information disclosed. This release expires once I am no longer a Bradley University student. I further acknowledge that upon written notification, I may revoke this Authorization information freely, voluntarily and knowingly under no duress. With the above in mind, I lend my signature to this Authorization and agree to the contents contained herein throughout my tenure as a student enrolled in Bradley University.

Student Signature ____________________________ Date ________________
Witness Signature ____________________________ Date ________________