



Accommodation Request Form

Section 504 of the Rehabilitation Act of 1973 and the American with Disabilities Act of 1990 (ADA) require students with disabilities at post-secondary institutions to identify themselves and their need for services to the institution. Disclosure of disability-related information is voluntary, but is required if a student is requesting accommodations.

Name: _____
First Middle Last

GSU ID: _____ Date of Birth: _____

Permanent Address: _____
Street City State Zip

Local Address: _____
Street/Residence Hall City/Room Number State Zip

E-mail: _____@**gsu.glenville.edu** Cell Phone: _____

Major/Minor? _____

I am seeking a(n): _____ Associate's _____ Bachelor's _____ Board of Regents _____ Non-Degree Seeking

Advisor: _____ Anticipated graduation? _____

I was referred to Disability Services by: _____

Are you currently on **academic** probation? Yes No **Financial aid** probation? Yes No

Have you ever been on **academic** probation? Yes No **Financial aid** probation? Yes No

Please return completed forms to:
Academic Success Center
Glenville State University
200 High Street
Glenville, West Virginia 26351



Disability Information

Do you have a **documented** disability? Yes No

If yes, what is the nature of your disability?

___Hearing Impaired

___Deaf

___Visually Impaired

___Blind

___Physical Impairment

___Psychological

___Specific Learning Disability

___Speech Impairment

___Attention Deficit Disorder

___Other Disability - Please describe:

In your own words, describe your diagnosed disability and/or current circumstances:

Highest level of education completed? _____ Year: _____

College(s) attended and Year(s):

High School(s) attended and Location(s)/Year:

Did you receive accommodations in high school or at other colleges/universities? If yes, please list the accommodations that were provided to you.

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In what way does your disability interfere with your ability to access higher education?

Do you have any papers that verify a diagnosis and that would help us better understand your circumstances?

How have you managed obstacles or difficulties you have encountered in the past? What methods or strategies did you use?

Is there anything else you would like us to know that may affect your academic and/or life on campus (i.e. life changing events, health complications, study skills, financial concerns)?

Please check the box of any campus resources you would like further information about:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Registration | <input type="checkbox"/> Computer Labs | <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Health Center |
| <input type="checkbox"/> Academic Advising | <input type="checkbox"/> Math/English Lab | <input type="checkbox"/> Student Support Services | <input type="checkbox"/> High Adventure |
| <input type="checkbox"/> Tutoring Center | <input type="checkbox"/> Writing Center | <input type="checkbox"/> Student Organizations | <input type="checkbox"/> Residence Life |
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Dining Services | <input type="checkbox"/> Campus Transportation | <input type="checkbox"/> Mentoring |

Please check all of the community resources listed below that you access: Not applicable

- | | |
|---|--|
| <input type="checkbox"/> WV DHHR/MODIFY | <input type="checkbox"/> Family Resource Network |
| <input type="checkbox"/> Department of Veterans Affairs | <input type="checkbox"/> Division of Rehabilitation Services |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Community Resources Inc. |

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Terms and Conditions Agreement

By signing below, I acknowledge that the information I have provided in this application is accurate and true to the best of my knowledge. (Please initial by each statement and sign below.)

I understand that:

- _____ I am responsible for abiding by GSC Policies & Procedures and the GSC Student Code of Conduct.
- _____ I understand that accommodations are not intended to alter standards or content of any course and/or degree program.
- _____ I must notify Accommodation and Accessibility Services in a timely fashion if I am experiencing unforeseen difficulties related to my disability.
- _____ I understand that this information will be treated as confidential and used only for the purpose of determining eligibility, providing academic or other accommodations, and the administration of accommodative services.

Student Signature

Date

Accommodation and Accessibility Services Advisor Signature

Date

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