



Pioneer Support
Accommodation Services
3rd Floor, RFK Library
Phone: (304) 462-4118
Fax: (304) 462-6032

Accommodation Request Form

Student Contact Information

Name: _____
First Middle Initial Last

GSU ID: _____ Date of Birth: _____

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

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

Semester Requesting Accommodation: [] Fall [] Spring [] Summer _____ Academic Year

Type of Accommodation Request: [] Academic [] Housing [] Dining [] Emotional Support Animal (ESA)

Disability-Related Information

Please specify your disability and describe how it affects you:

Please share any accommodations you have had previously, or are seeking, and how the accommodations affected or will affect your life and/or academics?

By signing below, I acknowledge that the information I have provided in this application is accurate to the best of my knowledge. I understand that I must notify Accommodation 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. I understand that this confidential information may be shared as necessary to any other appropriate campus unit, but is private and protected by the Family Educational Rights and Privacy Act (FERPA).

Student Signature: _____ Date: _____

-Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA) requires 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 necessary if a student requests accommodation.
-The Fair Housing Act (FHA) makes it unlawful for a housing provider to refuse to make a reasonable accommodation that a person with a disability may need in order to have equal opportunity to enjoy and use a dwelling.

Please return completed forms to:
Pioneer.Support@glenville.edu
-OR-
Fax: (304) 462-6032



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Accommodation Documentation Form

IMPORTANT

Any document(s) accompanying or replacing this form must contain all requested information, which must be provided and signed by a licensed clinical healthcare provider.

Print Student/Patient Name: _____ DOB: _____

This form must be completed by a licensed clinical professional or health care provider familiar with the history and functional limitations of the student. The licensed clinical professional or health care provider must be an impartial third party not employed by Glenville State University and cannot be related to the individual requesting the accommodation. If the space is not adequate, you are welcome to provide additional pages.

The above person is a current or entering student at Glenville State University and is requesting Accommodations based on medical diagnosis(es). Please respond to the following questions regarding the student's medical diagnosis to assist Glenville State University in our response to this request.

Please identify the specific disability/disorder (ICD/DSM #) including when student was first diagnosed, current symptoms, and the specific limitations/impairment caused by the symptoms and how the limitations or impairments substantially limit one of more major life activities for this student:

Three horizontal lines for text entry.

Identify reasonable accommodations that will help this student to live and/or perform academically in an equitable fashion:

Three horizontal lines for text entry.

Physician/Clinician/Therapist Signature

Printed Name of Physician/Clinician/Therapist

State License Number

Office Address

Date

City State Zip Code

Office Telephone

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