

Fontbonne University
The Kinkel Center for Academic Resources
Request for Academic Accommodations

Name: _____ Date: _____

Student ID #: _____ Date of Birth: _____

Home City: _____ State: _____

Fontbonne E-mail Address: _____

Phone # you prefer to be contacted at if necessary: _____

Circle Year: Fr Soph Jr Sr Grad Unclassified Pathways

Major: _____ Semester and year you expect to graduate? _____

How did you hear about Disability Services (High school counselor, Fontbonne web site, Academic Advisor, faculty member, personal research, etc.)? _____

Academic accommodations are requested due to the following diagnosed disabilities (check all that apply):

_____ Orthopedic impairment _____ Use of a wheelchair _____ Speech impairment

_____ Blindness _____ Visual impairment _____ Deafness _____ Hearing Impairment

_____ Learning Disability _____ ADD _____ Traumatic Brain Injury

_____ Psychological disability; please specify _____

_____ Specific medical or health-related disability; please specify _____

_____ Other; please specify _____

Do you currently have a Vocational Rehabilitation Counselor? _____ Yes _____ No

If yes, please provide Counselor name and phone number:

List accommodations you are interested in receiving even if you do not want the accommodation for every class: (You may be eligible for other accommodations)

_____ Double time on all tests _____ Time and a half on all tests _____ Out of class testing _____ Note taker

_____ Reader for tests _____ Use of a tape recorder _____ Preferential seating _____ Textbooks in pdf/audio

Documentation and Accommodations

I understand that the initial request for academic accommodations must be accompanied by current documentation of my diagnosed clinical or medical disability that meets Fontbonne's Disability Services guidelines relevant to my situation. While I am able to request accommodations, the Section 504/Americans with Disabilities Act (ADA) coordinator has the right to determine the most fair and reasonable accommodations for my situation based on all information provided. No further documentation is needed for continual requests for accommodations unless there is a change in diagnoses. If I am informed that I need additional, up-to-date documentation for a specific accommodation request, then I realize that I am personally responsible for obtaining this information per general higher education procedures.

Release of Information

I, _____, hereby authorize and request that the Kinkel Center for Academic Resources's Section 504/ADA coordinator and/or his/her designee be able to release and/or obtain all confidential information acquired in the course of the evaluations and treatments of my disability. *This information is to be solely used for the purpose of providing academic accommodations.* I give Kinkel Center for Academic Resources's Section 504/ADA coordinator and/or his/her designee my permission to speak with the following people on my behalf without my need for additional consent:

By initialing the following boxes, I give the Kinkel Center's ADA coordinator my permission to speak with the following people on my behalf solely for the purpose of providing and successfully arranging academic accommodations and related support services:

____ Fontbonne Faculty and Fontbonne Staff

____ Parents

____ Healthcare providers (doctors, counselors, psychiatrists, psychologists, etc.)

____ Service providers (Vocational Rehabilitation, interpreters, etc.)

____ Other (Please specify):

I understand that I may revoke this authorization at any time by informing the above parties in writing, except to the extent that prior action has been taken on it. **This authorization will expire on May 20, 2016.**

I will need to renew this release after this date in order to continue receiving **accommodations for the following academic year.**

In consideration of this authorization, I hereby release the above parties from any legal liability for the exchange of my information.

Student's Signature _____

Date _____

Instructor Notification (Please Print)

Instructor Name _____ Course name and number _____

Instructor Name _____ Course name and number _____

Instructor Name _____ Course name and number _____

Instructor Name _____ Course name and number _____

Instructor Name _____ Course name and number _____

Instructor Name _____ Course name and number _____

Office Use Only

Approved Academic Accommodations

The following academic accommodations have been approved: