

**The Kinkel Center for Student Success, Undergraduate Academic Advising and Engagement**  
**Request for Academic Accommodations**

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**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student ID #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Fontbonne E-mail Address:** \_\_\_\_\_

**Prefer Phone number for contact if necessary:** \_\_\_\_\_

**Circle Year:** Fr Soph Jr Sr Grad Unclassified Pathways

**Major:** \_\_\_\_\_ **Expected Graduation Semester and year** \_\_\_\_\_

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

**Academic accommodations requested due to the following diagnosed disability/impairment (check all that apply):**

- Orthopedic Impairment  Speech/Language Impairment  Visual impairment  Blindness  Use of a wheelchair  
 Traumatic Brain Injury  Autism/ASD  ADD/ADHD  Hearing Impairment  Deafness  Learning Disability  
 Psychological disability/impairment; please specify \_\_\_\_\_  
 Specific medical or health-related condition; please specify \_\_\_\_\_  
 Other; please specify \_\_\_\_\_

**Type of Animal:**

**Service Animal 1. Is the service animal required due to the disability/impairment?**  Yes  No

2. What task(s) is the animal trained to perform? \_\_\_\_\_

**Assistance/Emotional Support Animal and housing accommodations**  Yes  No

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

If yes, please provide Counselor name and phone number: \_\_\_\_\_

**Personal Assistant/Personal Care Attendant and housing accommodations**  Yes  No

*(It is the sole responsibility of the Student/Student's family to make the appropriate arrangements to contract services with a licensed/private agency which will provide services as a Personal Assistant/Personal Care Attendant. It is also the sole responsibility of the Student/Student's family to register the licensed/private PA/PCA annually with the Academic Support and Accommodations Coordinator. The Student/Student's family is responsible for the cost of the PA/PCA and any individually prescribed devices and is not at the expense of the institution).*

**Please list accommodations you are interested in receiving, even if you do not want the accommodations for every class:**  
**(Additional accommodations may be determined)**

Time and a half on all tests  Out of class testing/online  Individual area  Preferential seating

Note taking Assistance: Student may utilizing their own personal resources for notetaking assistance (e.g. Livescribe Smartpen, Sonocent Audio software, personal computer for note taking), Peer Note taker (if available),

Flexible Deadlines  Closed Captioning Videos  Interpreter  Excused Absences  Use of a recording device

Alternate Textbook format/PDF  PowerPoint slides/notes/handouts/outline/study guides/visuals and/or additional course content resources  Reader/Scribe/Computer for test

**Documentation and Accommodations**

I understand that the initial request for accommodations must be accompanied by current documentation of my diagnosed clinical or medical disability/impairment that meets the *Kinkel Center for Student Success, Undergraduate Academic Advising and Engagement's Academic Accommodations Services* guidelines relevant to my situation. While I am able to request accommodations, the ***Academic Support and Accommodations 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 informed that I need additional, up-to-date documentation for a specific accommodations 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 the Kinkel Center for Student Success, Undergraduate Academic Advising and Engagement's ***Academic Support and Accommodations 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/impairment. *This information is to be solely used for the purpose of providing accommodations.* I give the Kinkel Center for Student Success, Undergraduate Academic Advising and Engagement's ***Academic Support and Accommodations Coordinator*** and/or his/her designee my permission to speak with the following people on my behalf without my need for additional consent:

<b><u>By initialing the following boxes, I give the Kinkel Center's <i>Academic Support and Accommodations Coordinator</i> my permission to speak with the following people on my behalf solely for the purpose of providing and successfully arranging accommodations and related support services:</u></b>	
_____ Fontbonne Faculty and Fontbonne Staff	_____ Parents
_____ Healthcare providers (doctors, psychiatrists, psychologists, on or off campus counselors, Licensed Clinical Social worker, 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 August 1, 2021.** 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*** \_\_\_\_\_