

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

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/condition? 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 academic accommodations you are interested in receiving, even if you do not want the academic 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 Academic Accommodations

I understand that the initial request for academic 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 academic 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 academic 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 their designee my permission to speak with the following people on my behalf without my need for additional consent:

<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 academic accommodations and related support services:</u>	
____ 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 annually on August 1st.** I will need to renew this release after this date in order to continue receiving **academic 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*** _____