



## Request for Accommodations Form

Student Name (Last, First, Middle Initial): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

Commuter/Incoming Freshman:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Campus Resident:

Residence Hall: \_\_\_\_\_ Apt./Room Number: \_\_\_\_\_

1. What accommodations are you requesting? (Examples include, but are not limited to: note-taker, extra time on tests and/or assignments, alternate testing site, assistive technology, Emotional Support Animal, housing, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Verified Disability (no need for details; Examples include, but are not limited to: Visual Impairment, Hearing Impairment, Physical Impairment, Attention Deficit Hyperactivity Disorder, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How does your disability effect you as a college student in academics, campus life, and/or housing?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Did you have an IEP or 504 plan in high school? YES or NO

5. Is there any other relevant information that you would like the Disability Services Office to know (optional):

---

---

---

---

---

---

Georgetown College will grant reasonable accommodation requests to persons with disabilities consistent with the ADA, Section 504, and the Housing and Urban Development's Fair Housing Act. A person with a disability is one who: (a) has a physical or mental impairment which substantially limits one or more of such person's major life activities; or (b) has a record of having such an impairment; or (c) is regarded as having such an impairment, but such term does not include current, illegal use of or addiction to a controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)). Georgetown College will review and respond promptly to all reasonable accommodation requests within 7 business days. All information received by Georgetown College regarding an individual's disability, including physical, mental, psychological, and/or psychiatric conditions, and disability-related need for a requested accommodation shall be kept confidential unless the individual authorizes the release of the information or Georgetown College is required to produce the information in response to a subpoena or court order.

---

Print Student Name

---

Student Signature

---

Date

---

Disability Services Coordinator

---

Date