

INSTITUTE OF BUDDHIST STUDIES



INITIAL REQUEST FOR ACADEMIC ACCOMMODATIONS

Term: Fall_____ Spring_____ Year_____

Student's Name:_____

Student ID Number:_____

Disability Status (check all that apply and provide description of disability)

- | | | |
|---|--|---|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Temporary | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Visual | <input type="checkbox"/> Hearing | <input type="checkbox"/> Orthopedic <input type="checkbox"/> Neurological |
| <input type="checkbox"/> Respiratory | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Psychological Disorder |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Other | |

Academic accommodation(s) request: Please identify your anticipated academic needs:

1. _____

2. _____

3. _____

Documentation Verification

In order to determine if a specific accommodation(s) is reasonable and appropriate, the following documentation is requested:

- records of receiving accommodations at past educational institutions (ex. 504 plan or Individualized Education Plan (IEP) *or*
- signed letter from an appropriate professional that includes:
 - Name of healthcare provider
 - Occupation
 - Address and Phone Number

- Description and impact of disability that supports accommodation request

Disclosure Information

By completing and signing this application, the signer is voluntarily disclosing a disorder and requesting accommodations. Disclosure of a disorder at this time does not necessarily confirm eligibility status for services or accommodations. While IBS will make every attempt to quickly review all requests for accommodations, the verification process may take several weeks or longer.

All information submitted is to be completely confidential and used only for the purposes of verification.

By signing below, you confirm that you have read (or have had read to you) and understand this document.

Student Signature:_____ Date:_____

Accessibility and Accommodations Coordinator:_____
Date:_____

DISABILITY INFORMATION RELEASE

I, _____, give the Accessibility and Accommodations
(Please print name)
Coordinator at IBS permission to share information pertaining to my disability with the following persons:

- ☐ All faculty members at IBS
- ☐ Specific faculty members only (as requested by me on an as-needed basis)
- ☐ Other IBS personnel (please indicate individuals):

☐ Other (please explain)

(Please note that the Accessibility and Accommodations Coordinator's supervisor and Dean may be privy to the student's disability information)

Signature_____ Date_____