HAMPTON UNIVERSITY DISABILITY SERVICES
Request for Reasonable Accommodations

All information obtained in diagnostic medical, psychological, and educational reports will be maintained and used in accordance with applicable confidentiality requirements

I. GENERAL INFORMATION

Name: _____

Identification Number: _____ Date of Birth: _____

Address: _____
Street City State Zip

Telephone Number: _____ Current e-mail: _____
Area Code Number

Classification: _____ Beginning student _____ Transfer Student Semester you will begin: _____
_____ Current student _____ Other (please explain)
_____ Graduate student

II. BASIS FOR REQUEST

What is the nature of your Impairment? (Check all that apply)

___ Learning Disorder(s)

___ Attention Deficit/Hyperactivity Disorder(s)

___ Chronic Health (please explain nature of impairment) _____

_____

___ Mobility (please explain nature of impairment) _____

_____

___ Psychological Disorder (s) (please explain nature of impairment) _____

_____

___ Other (please explain nature of impairment) _____

_____

Please list the accommodations you received in high school:

_____

_____

_____

Please list the accommodations you received at other colleges and universities or from testing agencies:

_____

_____

_____

Please list the accommodations you may request at Hampton University:

_____

_____

_____

III. EXCHANGE OF INFORMATION

In order to explore possible coverage and reasonable accommodations, it is often necessary for the Director of Compliance and Disability Services to discuss the documentation the student has submitted with providers such as licensed physicians, psychologists, or other qualified professionals, and to discuss the student's impairment with their parents and Hampton University faculty and professional staff.

I hereby give permission for the Director of Compliance and Disability Services at Hampton University to exchange information regarding the documentation I have submitted to her with my provider(s) (physician, psychologist, or other qualified professional), and to discuss my impairment with my parents and Hampton University faculty and professional staff. I understand that my refusal to authorize consent may result in a denial of accommodations.

_____ _____
Student Signature Date

Return this form to: Ms. Sonja Vega
Director of Compliance and Disability Services
212 Wigwam Building
Hampton University
Hampton, VA 23668
(757) 727-5493