

Request for Accommodation

Ohio Christian University - AIM (Adult Studies) Program

Student Name: _____

Student Address: _____

Student Email Address: _____ Social Security # _____

Program/Cohort Group: _____

Today's Date: _____ Date Needed: _____

Type of Disability: _____

In accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disability Act (ADA), individuals with disabilities are guaranteed protection from discrimination on the basis of their disability status and rights of equal access to educational programs and services. Accommodations are made in relation to a documented disability. OCU will collaborate with qualified healthcare professionals to provide appropriate accommodations, academic adjustments, and/or auxiliary aids or services in the academic setting.

Students are required to complete this form and to provide current documentation for their disability. "Current" means that the documentation must be within three (3) years of first request to OCU, and must include information that: (1) diagnosis the disability, (2) indicates the severity and longevity of the disability, and (3) offers suggestions and/or recommendations for necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations. In addition to this form, a qualified healthcare professional must complete the *Verification of Disability* form (provided).

Please return both forms to:

Ohio Christian University AIM Department

Attn:

1476 Lancaster Pk.

Circleville, OH 43113