



OFFICE OF ACCESSIBILITY SERVICES
 COMPASS, Thomas Library
 P.O. Box 720 | Springfield, Ohio 45501
 Phone: (937) 327-7870 | Fax: (937) 327-7819

Request for Accessibility Services

Student Information:

Name (First, M.I., Last): _____

Email: _____

Student ID: _____

Phone: (_____) _____ Home or Cell (circle one)

How did you learn about the Office of Accessibility Services? (Check all that apply)

- Referred by _____
- From the website
- Class syllabus
- Campus literature
- Admissions Office
- First Year Seminar
- Orientation
- Other _____

Type of Disability: (Check all that apply)

- Learning Disability (LD)
- Attention Deficit/Hyperactivity Disorder (ADHD or ADD)
- Physical
- Medical
- Psychiatric
- Other _____

Previous Disability Support:

In high school, did you have any of the following? (Check all that apply.)

If you had any of these in high school, please send our office the most recent copy.

- IEP
- 504 Plan

Please describe the services / academic accommodations you received in high school or standardized testing.

Did you receive accommodations from a previous college or university? Yes___ No___

If yes, please submit a letter from the previous institution describing the accommodations you received.

How and when was your disability/ies or chronic medical condition/s diagnosed and documented?

Please list your official diagnosis(es) or medical condition: _____

Briefly describe your major symptoms and/or the primary effects of your condition(s):

Please list any prescribed medications and side effects:

Please describe how your condition impacts your educational experience:

Support Services Requested

What accommodations are you requesting to receive at Wittenberg University?

Are you requesting housing accommodations? Yes___ No___

Are you requesting a service animal? Yes___ No___

If applicable, please list any adaptive/computer technologies that you will be requesting or using?

Please provide any additional information you would like to share.

All information regarding your disability and request for services is confidential. The information will not appear on any Wittenberg University records or transcripts.

Student Signature** _____ Date: _____

** The affixed signature, whether applied to paper copy or tendered to AS electronically, attests to the completion of this document by the student who is requesting disability assistance.

FOR OFFICE USE ONLY _____
DATE RECEIVED STAFF INITIALS