

RECEIVED
Date: _____
CCAS Staff: _____



Cushing Center for Counseling and Academic Support
210 Walton Hall ♦ (610) 341 - 5837 ♦ Fax: (610) 225 - 5036

REQUEST FOR ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

Requests for academic or non-academic accommodations should be submitted to the Director or Disability Accommodations Counselor at CCAS. Students should consult the document "Accommodations for Students with Disabilities Policy," available at CCAS or on the Eastern University website for information on policies and procedures. Please note that submitting the form and relevant documentation is the first step in the request process. It does not guarantee that accommodations will be approved. If you have questions or need physical assistance to complete the form, please contact CCAS.

Student Name: _____ **Date of Request:** _____

EU ID #: _____ **Date of Birth:** _____

Residence Hall or Home address (if not a residential student): _____

Local phone numbers: Cell Phone #: _____ **Alt. Phone #:** _____

Eastern email: _____

Program enrolled in at Eastern:

1. Traditional Undergraduate Baccalaureate Program
Year: First-year Sophomore Junior Senior
 Transfer (from _____)
Did you have accommodations at the above named institution? Yes No
2. Non-Traditional Undergraduate (specify program _____)
3. Graduate/Doctoral (specify program _____)
4. Esperanza College
5. Palmer Seminary

Attach documentation of disability (e.g. professional report by psychologist, physician, etc.)*

- See the document "Accommodations for Students with Disabilities Policy," section 2, for information on acceptable documentation.
- Students are advised to contact CCAS for documentation requirements for their particular disability.
- **Do not give us your only copy. Make a copy for your records before submitting it to CCAS.**

***Confidentiality Statement:** *Disability records at Eastern University are considered covered by the Family Educational Rights & Privacy Act. Disability information will not be disclosed except as needed to University agents with a legitimate educational interest, and/or as otherwise required or permitted by law, and/or as otherwise requested.*

(List all conditions for which you are requesting accommodations.)

Documented Disability	Name & Title of Professional Who Evaluated Disability	Date of Evaluation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I. The accommodation(s) I am requesting will affect my (check all that apply):

- Academics**
- Housing** (**a separate request form is required, contact ccas@eastern.edu for the policy/form)
- Food** (**a separate request form is required, contact ccas@eastern.edu for the policy/form)
- Other (Please Specify)** _____

II. List accommodation(s) you are requesting AND provide rationale for why these specific accommodations are needed and how they relate to your disability. (Attach additional pages if needed.)

III. Confirmation of Receipt of Information: My signature below indicates that I have received a copy of the Eastern University policy on Accommodations for Students with Disabilities (in “*Accommodations for Students with Disabilities Policy*”) and have had a chance to read it and ask questions about it.

Signature of student requesting accommodations

Date

IV. Signature: I understand that decisions for accommodations due to a disability are based on the documentation that I am submitting along with this Request Form. I have referred to section #2 of the Policy (“*Accommodations for Students with Disabilities Policy*”) regarding documentation requirements. I have made a copy of my documentation for my own records.

Signature of student requesting accommodations

Date