Oklahoma City University School of Law

REQUEST FOR ACCOMMODATION DUE TO DISABILITY

PART A – STUDENT INFORMATION

NAME: ___________________________  OCU ID: ___________________________
ADDRESS: ___________________________
PHONE 1: ___________________________
PHONE 2: ___________________________
EMAIL: ___________________________

PART B – DISABILITY INFORMATION

1. NATURE OF YOUR DISABILITY (CHECK ALL THAT APPLY)
   ___ Blind/partially sighted
   ___ Deaf/hard of hearing
   ___ Physical disability
   ___ ADD/ADHD
   ___ Learning Disability
   ___ Psychological/psychiatric disability

   Is this a permanent condition?  Yes ___  No ___

   If “no,” when is the condition/disability likely to abate? ______________________________

2. VERIFICATION OF DISABILITY

   NOTE: You are required to provide the Law School Office of Student Services with a copy of
documentation of your disability obtained from a qualified professional. This documentation
must include: (a) credentials of diagnostician; (b) statement of specific disability; (c) functional
impact on a major life activity; (d) the specific accommodation designed to lessen the functional
impact. You are also required to provide the Law School Office of Student Services with: (a) a
description of requested accommodation; (b) a description of accommodations received for the L.S.A.T.; (c) a description of past accommodations received in undergraduate studies.

PART C – ACCOMMODATIONS INFORMATION

Did you receive accommodations or services for your disability while in college?  
Yes ___  
No ___  
NA ___

If “yes,” please describe the types of accommodations or services that you received.
______________________________________________________________________________
______________________________________________________________________________

Did you receive modifications for exams while in college?  
Yes___  
No ___  
NA ___

If “yes,” please describe these modifications.
______________________________________________________________________________

Were you granted special accommodations for taking the L.S.A.T. exam?  
Yes___  
No ___  
NA ___

If “yes,” please describe the accommodations you received from L.S.A.C.
______________________________________________________________________________

Please describe any additional accommodations you have received for a disability that may be pertinent to the legal education environment.
______________________________________________________________________________
______________________________________________________________________________
Please describe, in detail, the specific accommodations you are requesting from Oklahoma City University School of Law.

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If your request includes a request for assistive technology and/or an interpreter for a hearing impairment, please describe the nature of your request.

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By signing this form you are attesting to the completeness and accuracy of the information provided. Also, you consent to release any information provided, whether orally or in writing, to the Special Accommodations Committee and Associate Dean for Academic Affairs and, at his or her discretion, to any other Law School administrator or faculty member with a legitimate educational interest in your situation.

_________________________________  _______________________
SIGNATURE                              DATE