



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 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 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.

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

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