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.

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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