

DUKE UNIVERSITY
Disability Management System--Student Access Office
REQUEST FOR CONSIDERATION FOR REASONABLE ACCOMMODATIONS--Undergraduate
All information obtained in diagnostic medical, psychological, and educational reports will be maintained and used in accordance with applicable confidentiality requirements

I. GENERAL INFORMATION

Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____
Street City State Zip

Telephone Number: _____ Current e-mail Address: _____
Area Code Number

You will be attending or are attending: _____ Trinity College _____ Pratt School of Engineering

Classification: _____ Beginning Student or _____ Transfer Student Semester you will begin: _____
_____ Current Student _____ Other (please explain) _____

II. BASIS FOR REQUEST

What is the nature of your Impairment? (Check all that apply.)

_____ Learning Disorder(s) _____ Blindness or _____
_____ Attention Deficit/Hyperactivity Disorder(s) _____ Deafness or Hearing _____
_____ Chronic Health (please explain nature of impairment) _____
_____ Mobility (please explain nature of impairment) _____
_____ Psychological Disorder(s) (please explain nature of impairment) _____
_____ Other (please explain nature of impairment) _____

Please list the accommodations you received in high school and those you may request at Duke.

Accommodations received in high school: _____
Accommodations requested at Duke: _____

III. EXPLANATION OF INFORMATION

To explore possible coverage and reasonable accommodations, it is often necessary for the staff of the Disability Management System--Student Access Office to discuss the documentation the student has submitted to our office with providers such as licensed physicians, psychologists, or other qualified professionals, and to discuss the student's impairment with their parents and Duke University faculty and professional staff.

I hereby give permission for members of the staff of the Disability Management System--Student Access Office at Duke University to exchange information regarding the documentation I have submitted to the Disability Management System--Student Access Office with my provider(s) (physician, psychologist, or other qualified professional), and to discuss my impairment with my parents and Duke University faculty and professional staff. I understand that my refusal to authorize consent may result in a denial of accommodations.

Student Signature

Date

Return this form to: Dr. Emma Swain, Director
Disability Management System--Student Access Office
Box 90142
Duke University
Durham, NC 27708

2/10/04