

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: _____

Student ID Number: _____ Date of Birth: _____

Address: _____
Street City State Zip

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

You will attend (please check one) _____ 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 and Low Vision
 Attention Deficit/Hyperactivity Disorder(s) Deafness and Hard of Hearing
 Chronic Health Disorder (please explain nature of impairment) _____

 Mobility Impairment (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 you received in high school: _____

Accommodations you may request at Duke: _____

III. EXCHANGE OF INFORMATION

In order 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 Office of Services for Students with Disabilities 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
