Watts School of Nursing/Durham Regional Hospital/Duke University Health System

Disability Management System—Student Access Office

REQUEST FOR CONSIDERATION FOR REASONABLE ACCOMMODATIONS

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

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)
_____ Attention Deficit/Hyperactivity Disorder(s)
_____ 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) _____
_____
_____ Blindness and Low Vision
_____ Deafness or Hard of Hearing

Please list the accommodations you received at the high school level or at other colleges, universities or testing agencies:

_____
_____

Please list the accommodations you may request at the Watts School of Nursing:

_____
_____

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 the Watts School of Nursing faculty and professional staff.

I hereby give permission for members of the staff of the Disability Management System—Student Access Office at the Watts School of Nursing/Durham Regional Hospital/Duke University Health System Duke to exchange information regarding the documentation I have submitted to the Student Access Office with my provider(s) (physician, psychologist, or other qualified professional), and to discuss my impairment with the Watts School of Nursing 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

Revised 2/18/04