

**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

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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 Low Vision  
\_\_\_\_\_ Attention Deficit/Hyperactivity Disorder(s) \_\_\_\_\_ Deafness or Hard of 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 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 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