

REQUEST FOR ACCOMMODATION

In order to review your documentation and determine eligibility for services, we need to have a complete understanding of which accommodations or academic adjustments you are requesting. Please fill out and return this short form to enable us to begin the process of reviewing your request. After we receive this form or the equivalent information, we will review the documentation. You will then receive a letter informing you of your eligibility or ineligibility for the requested accommodations or academic adjustments.

Name:		Email:	@bgsu.edu
Address:		Phone:	
BGSU ID:		Cell Phone:	

Anticipated First Semester at BGSU:

- Currently a BGSU student
- Fall of 20____
- Spring of 20____
- Summer of 20____

Check all that apply:

- New first year student
- Transfer student
- BG Campus
- Firelands Campus

Please list the accommodations or academic adjustments you are requesting.

Signature:	Date:

RELEASE OF INFORMATION

Name:		BGSU ID:		Date of Birth:	
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Accessibility Services will protect student privacy rights by maintaining a confidential file for each student. Disability-related information is confidential and will be shared only when permission is given by the student to release such information in order to provide appropriate support services.

I, _____, authorize the release of any, and all, documentation relating to my educational development, psychological functioning, and/or medical history to the staff of Accessibility Services at Bowling Green State University. I further request that this information be made available in a timely manner upon receipt of this notice and that the information be sent directly to the office.

Signature _____ Date _____

I, _____, give my permission for the staff of Accessibility Services to take the necessary steps to facilitate my education by releasing information to my professors and other relevant university employees regarding my disability and accommodations, in a confidential manner. I understand that I am responsible for speaking with my professor about my accommodations each semester.

Signature _____ Date _____

I, _____, authorize the release of information concerning my disability and academic progress to my parents or legal guardians (please list names)

I understand that my rights under FERPA do not allow the office to speak with family members or guardians unless I specifically waive this right in written form. Understanding this, I willingly sign this form below.

Signature _____ Date _____