

HAMPTON UNIVERSITY DISABILITY SERVICES
Request for Reasonable Accommodations

All information obtained in diagnostic medical, psychological and educational reports will be maintained and used in accordance with applicable confidentiality requirements.

PLEASE ATTACH ALL MEDICAL DOCUMENTATION TO FORM BEFORE SUBMITTING

I. GENERAL INFORMATION

Name: _____

Identification Number: _____ Date of Birth: _____

Telephone Number _____ Current Email: _____
Area Code Number

Classification: ___ Freshman ___ Senior Current Semester ___
___ Sophomore ___ Graduate Students
___ Junior

II. BASIS FOR REQUEST

1. What is the nature of your Impairment? (Check all that apply to your request):

- 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: _____

2. Please explain the nature of the impairment indicated above:

3. Please list the accommodations you received in high school:

4. Please list the accommodations you received at other colleges and universities or from testing agencies:

5. Please list the accommodations you may request at Hampton University:

III. EXCHANGE OF INFORMATION

In order to explore possible coverage and reasonable accommodations, it is often necessary for the Director of Compliance Disability Services to discuss the documentation the student has submitted with providers such as licensed physicians, psychologists, or other qualified professionals and to discuss the student's impairment with their parents and Hampton University faculty and professional staff.

I hereby give permission for the Director of Compliance and Disability Services at Hampton University to exchange information regarding the documentation I have submitted to her with my provider (s) (physician, psychologist, or other qualified professional), and to discuss my impairment with my parents and Hampton University faculty and professional staff. I understand that my referral to authorize consent may result in a denial of accommodations.

Student Signature

Date

RETURN THIS FORM AND SUPPORTING DOCUMENTATION TO:

Morgan L. Russell
Director of Compliance and Disability Services
Assessment Center, Armstrong-Slater Bldg., 1st fl.
Hampton University
Hampton, VA 23668
Office: (757)-727-5493/Fax: (757)728-4288