

LENOIR-RHYNE UNIVERSITY

Request for Accommodations Form

Please PRINT

Date: _____ LR ID#: _____

Name: _____ Date of Birth: _____
First Middle Last

Address: _____

City/State/Zip: _____

Phone #: _____ E-Mail: _____

Name/s of Parent or Guardian: _____

Disability(ies):

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Psychological/Emotional Impairment
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> PTSD
<input type="checkbox"/> Blind	<input type="checkbox"/> Speech./Language Impairment
<input type="checkbox"/> Chronic Health Impairment	<input type="checkbox"/> TBI
<input type="checkbox"/> Deaf	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Temporary
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Other: (specify)
<input type="checkbox"/> Mobility Impairment	<input type="checkbox"/> Other: (specify)

Current Medications: _____

Medical Restrictions: _____

Are you registered with Vocational Rehabilitation? ____ Yes ____ No

If yes, Name of Counselor: _____

Address: _____

Phone #: _____

E-mail: _____

Are you a Veteran of the U.S. Armed Forces? ____ Yes ____ No

If yes, what branch? _____

(OVER)

LR Campus: _____ Hickory _____ Asheville _____ Columbia, SC

Do you or have you previously had an IEP/504 Plan? _____ Yes _____ No

ACCOMMODATIONS:

Please list any academic accommodations or support services that you have received in the past: _____

Please list any academic accommodations or support services that you would like to request here at Lenoir-Rhyne University: _____

In your own words, please describe the current impact and limitations of your disability:

NOTE: Please return this form with the required Disability Documentation information to:

**Office of Disability Services
Lenoir-Rhyne University
625 7th Ave NE, LRU 7470
Hickory, NC 28601
disabilityservices@lr.edu**

Specific documentation guideline information is available at www.lr.edu/disability-services.
