

## STUDENT REQUEST for ACCOMMODATIONS/ACCESSIBILITY

Valparaiso University Law School strives to assure that students with disabilities have access to the full range of programs and services offered. The School of Law will work with individuals with disabilities in the development and implementation of reasonable accommodations to allow access to both its physical facilities and its educational and extracurricular programs.

It is the responsibility of any individual to self-identify their disability to the school and request needed accommodations. Documentation from a qualified professional must be submitted to receive the requested accommodations. This documentation should be a thorough report providing the following information: the specific assessments used, the diagnosis, the major life activity impacted by the disability (per ADA guidelines), the functional limitations of the student, and a recommendation of appropriate accommodations. Any student wishing to request accommodations should complete this form and present it with the medical documentation to the Disability Support Services at [zebadiah.hall@valpo.edu](mailto:zebadiah.hall@valpo.edu).

Student: \_\_\_\_\_ ID#: \_\_\_\_\_

Phone: \_\_\_\_\_ Semester Entering VU Law School \_\_\_\_\_

Disability (ies): \_\_\_\_\_

Accommodations Requested (be as specific as possible):

Accommodations	Approved	Not Approved
1.		
2.		
3.		

(Use back side of form if more are requested)

Describe any accommodations previously received: \_\_\_\_\_

Do you have a laptop? \_\_\_\_\_ Describe any form of Assistive Technology required and tell if you will provide it or if it will need to be provided by VU: \_\_\_\_\_

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**Statement of Release:** I authorize Valparaiso University Law School to discuss any information with professors, medical personnel, or others deemed appropriate to ensure implementation of reasonable accommodations. I also authorize discussion with other professionals for appropriate accommodations or regarding my academic standing.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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I am formally requesting these accommodations and I will provide the required documentation.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_