



Academic Accommodations Request Form
2024 - 2025 Academic Year

Name: _____ Date: _____

Banner ID: _____ Birth date: _____

Address: _____

Email: _____ Phone: _____

What semester and year are you expecting to graduate from SLU LAW? _____

Academic accommodations are being requested for the following disabilities: _____

Please describe the functional impacts of the disabilities: _____

Please indicate what academic accommodations are being requested at this time:

Please describe any previously approved academic or testing accommodations: _____

Documentation and Accommodations

When necessary, students requesting accommodations may be asked to provide documentation from qualified professionals licensed in the relevant area. This documentation should discuss the impact of a disability on the student's academic experience and include recommendations for accommodations. All documentation will be solely used for the purpose of determining both service eligibility and reasonable accommodations to be provided. Information from submitted documentation and specific reference of a diagnosed disability will not be placed on any official academic records or transcripts.

Any student may request accommodations, however, Disability Services has the right to determine appropriate and reasonable accommodations for each situation based on all information provided. Disability Services' final accommodation decision(s) may or may not coincide with information presented in the documentation and/or the student's personal preference. If a student is informed that they need additional documentation for a specific accommodation request, they are personally responsible for obtaining this information per general higher education procedures.

I have read the above information and understand the process and my responsibilities.

Student Signature: _____

Date: _____

Release of Information

I, _____, hereby authorize and request that the SLU LAW Disability Services personnel be able to release and/or obtain all confidential information required in the course of the evaluations and treatments of my disability. *This information is to be solely used for the purpose of providing academic accommodations.* I give Disability Services personnel my permission to speak with the following people on my behalf without my need for additional consent:

By marking the following boxes, I give the Disability Services my permission to speak with the following people on my behalf solely for the purpose of providing and successfully arranging academic accommodations and related support services:

SLU LAW Faculty and SLU LAW Staff

Parents

Healthcare providers (doctors, counselors, psychiatrists, psychologists, etc.)

Service providers (Vocational Rehabilitation, interpreters, etc.)

Other (spouse, guardian, etc.; please specify):

I understand that I may revoke this authorization at any time by informing the above parties in writing, except to the extent that prior action has been taken on it. **This authorization will expire on August 1, 2025.** I will need to renew this release after this date in order to continue receiving accommodation.

In consideration of this authorization, I hereby release the above parties from any legal liability for the exchange of my information.

Student's Signature _____

Date _____