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| RECEIVED          |
| Date: _____       |
| CCAS Staff: _____ |

**EASTERN UNIVERSITY**  
CUSHING CENTER FOR COUNSELING & ACADEMIC SUPPORT  
210 Walton Hall      Phone: 610.341.5837      Fax: 610.225.5036

**REQUEST FOR ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES**

*Requests for academic or non-academic accommodations should be submitted to the Director or Disability Accommodations Counselor at CCAS. Students should consult the document "Accommodations for Students with Disabilities Policy," available at CCAS, for information on policies and procedures. Please note that submitting the form and relevant documentation is the first step in the request process. It does not guarantee that accommodations will be approved. If you have questions or need physical assistance to complete the form, please contact CCAS.*

**Student Name:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**EU ID #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Residence Hall or Home address (if not a residential student):** \_\_\_\_\_  
\_\_\_\_\_

**Local phone numbers:** Cell Phone #: \_\_\_\_\_ **Alt. Phone #:** \_\_\_\_\_

**Eastern email:** \_\_\_\_\_

**Program enrolled in at Eastern:**

1. ☐ Traditional Undergraduate Program  
Year: ☐ First-year ☐ Sophomore ☐ Junior ☐ Senior  
☐ Transfer (from \_\_\_\_\_)  
If transferring, did you have accommodations at the above named Institution?  
☐ Yes ☐ No
2. ☐ Non-Traditional Undergraduate (specify program \_\_\_\_\_)
3. ☐ Graduate/Doctoral (specify program \_\_\_\_\_)
4. ☐ Esperanza College
5. ☐ Palmer Seminary

**Attach documentation of disability (e.g. professional report by psychologist, physician, etc.)\***

- See the document "Accommodations for Students with Disabilities Policy," section 2, for information on acceptable documentation.
- Students are advised to contact CCAS for documentation requirements for their particular disability.
- **Do not give us your only copy. Make a copy for your records before submitting it to CCAS.**

**\*Confidentiality Statement:** *Disability records at Eastern University are considered covered by the Family Educational Rights & Privacy Act. Disability information will not be disclosed except as needed to University agents with a legitimate educational interest, and/or as otherwise required or permitted by law, and/or as otherwise requested by student.*

**I. Disability Information** (List all disabilities for which you are requesting accommodations.)

| Documented Disability | Name & Title of Professional Who Evaluated Disability | Date of Evaluation |
|-----------------------|---|--------------------|
| 1 _____<br>_____      | _____<br>_____  | _____<br>_____     |
| 2 _____<br>_____      | _____<br>_____  | _____<br>_____     |

**II. Additional information regarding the nature of your disability (*if necessary*):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. Accommodation(s) requested with rationale for why specific accommodation is needed and how it relates to documented disability**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. Confirmation of Receipt of Information:** My signature below indicates that I have received a copy of the Eastern University policy on Accommodations for Students with Disabilities (in “*Accommodations for Students with Disabilities Policy*”) and have had a chance to read it and ask questions about it.

\_\_\_\_\_  
Signature of student requesting accommodations

\_\_\_\_\_  
Date

**V. Signature:** I understand that decisions for accommodations due to a disability are based on the documentation that I am submitting along with this Request Form. I have referred to section #2 of the Policy (“*Accommodations for Students with Disabilities Policy*”) regarding documentation requirements. I have made a copy of my documentation for my own records.

\_\_\_\_\_  
Signature of student requesting accommodations

\_\_\_\_\_  
Date