



Abilene Christian University Application For Disability Accommodations

ACU Station Box 29204 ♦ Abilene, Texas 79699-9204
Phone: (325) 674-2667 ♦ Fax: (325) 674-6847

I. General Information

Student ID # _____ Date of Application _____

Name _____ M F Date of Birth _____
 First MI Last

Date of First Enrollment at ACU _____

Classification: First-semester freshman Continuing freshman Sophomore Junior Senior

What is your declared major? _____ What degree are you seeking? _____

II. Disability Information

Describe the disability for which you are seeking accommodations.

*How can you document your disability? school records professional report(s)

other (please describe) _____

What accommodations are you requesting? (list specific accommodations) _____

***Please note: The documentation you submit must include information to justify each accommodation you are requesting and must be current (no more than 3 years old).**

III. Contact Information

Abilene address _____ Local phone # _____ Cell phone # _____

City/State/Zip _____ e-mail address _____

Parent/Guardian Name _____

Permanent Street Address _____

City/State/Zip _____ Permanent phone # () _____

(over)

I hereby grant permission to authorized personnel of Alpha Academic Services to examine and obtain from my student records all information relevant to my acceptance to, continuation in, or removal from the Disability Services program, and I permit said information to be forwarded to all appropriate departments involved in said program; except that this permission does not extend to student counseling or any disciplinary records except to the occurrence and type of any disciplinary action involving me (but without explanation of the reason(s) for said action). I expressly waive all rights and privileges to confidentiality that might otherwise attach to such records and information under the Family Educational Rights and Privacy Act and otherwise, to the extent appropriate to the granting of this permission.

I certify that all information given by me on the program application is correct to the best of my knowledge.

Applicant signature _____

For Office Use Only :

Accommodations Approved:

- | | |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Use of tape recorder in the classroom | <input type="checkbox"/> Closed captioning on videotaped or film presentations |
| <input type="checkbox"/> Time extensions for completing exams and in-class work | <input type="checkbox"/> Preferential seating |
| <input type="checkbox"/> Distraction-reduced testing environment | <input type="checkbox"/> Assistance in reading exams |
| <input type="checkbox"/> Sign language interpreter | <input type="checkbox"/> Books on tape |
| <input type="checkbox"/> Use of note taker in class | <input type="checkbox"/> Use of computer for written exams |
| <input type="checkbox"/> Copies of teacher notes and visual aids | <input type="checkbox"/> Use of computer and/or other technology for in-class assignments and notes |
| <input type="checkbox"/> Other _____ | |

Director _____ **Date** _____