Accommodation Request Form

STUDENT INFORMATION

Name: _______________________________ Date of Birth: ________________________
Street Address: _________________________________________________________________
City: ____________________________ State: ___________ Zip Code: _________________
Home Phone: ________________________ Cell Phone: ________________________________
ID#: __________________________ Email: _________________________________________

ACADEMIC INFORMATION

First term (or anticipated) at Saint Peter’s University:
________________________________________

Current term at Saint Peter’s University:
________________________________________

School/College: ___________________________ Major: _____________________________

Class Status:

☐ Freshman    ☐ Sophomore    ☐ Junior    ☐ Senior
☐ Transfer    ☐ Graduate    ☐ Other: ____________

Has any information changed since last term: Yes ☐ No ☐?
### ACADEMIC HISTORY AND PRIOR ACCOMMODATIONS OR SERVICES

<table>
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<tr>
<th>Previous School(s) Attended (High School or Postsecondary)</th>
<th>Dates Attended (From – To)</th>
<th>List all approved accommodations and services provided</th>
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**DISABILITY INFORMATION (To be completed by the Student):**

What accommodations have you received in the past, if any?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

In your own words, please describe how your disability affects you academically.

________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
In your own words, please describe how your disability affects your major life activities (such as walking, talking, breathing, etc.).