



NORTHEASTERN STATE UNIVERSITY
Official Request for Services Form

Student Disability Services

Tahlequah - HawkReach Leoser
 Center 918-444-2042 or Ext. 2042

Broken Arrow - Admin Services 127
 918-449-6139 or Ext. 6139

Name _____ Student ID Number _____

Local Address	Permanent Address (if different from local)
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	Phone _____
Email _____	Email _____

Statement of Disability: _____

Semester and year for which you are making request: FALL SPRING SUMMER 20 _____

Please use the grid below to list each request. If you are requesting adaptive equipment be specific regarding need and style.

It is my responsibility to provide the coordinator of Student Disability Services with proof of my disability and to make a request for accommodation in writing. I understand that I may be required to provide access to confidential records regarding my disability from licensed or certified professionals or agencies to qualify for services. I understand that any records obtained will be handled in a confidential manner and that permanent accommodation(s) is pending until official confirmation of my disability has been established.

Signature: _____

Date: _____

Examples of Services Offered Include:

- Extended Test Time
- Volunteer Note-takers
- Special Seating
- Audio Texts
- Resource Referrals
- Interpreters
- Classroom Relocation
- Orally Proctored Exams
- Faculty Notifications
- Adaptive Equipment
- Enlarged Materials
- Accessibility Concerns
- Distraction Reduced Testing Environment

Accommodations are determined on an individual basis

Northeastern State University and Student Disability Services are committed with ensuring that the special needs, rights and interests

Of students with disabilities are met. Under university policy, as well as federal and state laws, qualified students with disabilities are entitled to reasonable accommodations that will allow them access to programs, jobs, services and activities unless the accommodation(s) will pose an undue hardship on the university. Students are encouraged to apply for services early and to schedule a meeting to discuss their individual needs. Students are required to renew their request for accommodations at the start of each semester.

TEMPORARY APPROVAL (For Office Use Only)

Your request for accommodation will be temporarily approved for ___ 30-day period/ ___ 60-day period. Permanent approval is contingent upon the following condition(s):

- Review by the coordinator of Student Disability Services
- Receipt of sufficient documentation to support disability
- Other _____

Signature: _____ Date: _____

APPROVAL/MODIFICATION AND APPROVAL OF REQUESTS (For Office Use Only)

Request for _____

Approved with following adjustment(s)/ change(s):

Signature: _____ Date: _____

EXPLANATION OF DENIAL FOR ACOMMODATION (For Office Use Only)

Request for _____

Denied due to/for:

Signature: _____ Date: _____