



**Accommodations Request Form**  
**Accessibility Services for Students**

- A. I understand that it is my responsibility to voluntarily and confidentially disclose information regarding the nature and extent of my disability to the Director of Accessibility Services to assure consideration for reasonable accommodations.
- B. I understand that I am registering with Accessibility Services at Grand View University and that I may be eligible for reasonable accommodations.
- C. I understand that I am responsible for reviewing the Grand View Guide for Students with Disabilities to learn procedures and responsibilities of individuals with disabilities.
- D. I understand that I can request assistance from the Director of Accessibility Services when making an accommodation request and that I must make accommodation requests in a timely manner.
- E. I understand that I can file an appeal if I am denied reasonable and appropriate accommodations or if mutually acceptable accommodations cannot be established by the Director of Accessibility Services. The appeal process can be found in the Grand View Guide for Students with Disabilities.
- F. I understand that I will not be eligible for services if I do not provide documentation/verification of a diagnosed disability by a licensed professional, do not have a diagnosed disability, or do not follow the policies and procedures found in the Grand View Guide for Students with Disabilities.
- G. I understand that if I request accommodations(s), the Director of Accessibility Services may need to consult with other Grand View University personnel. I give my permission/consent to the release of information relevant to my disability to be shared with appropriate personnel on a need to know basis to facilitate such requests.

**Student Contact Information:**

Name \_\_\_\_\_ GV Student I.D. # \_\_\_\_\_

Current Address \_\_\_\_\_ Town/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ GV email \_\_\_\_\_

I am presently enrolled at GV Yes \_\_\_ No \_\_\_ Major: \_\_\_\_\_

I am beginning/began classes in the Fall (yr.) \_\_\_\_\_ or Spring (yr.) \_\_\_\_\_

My class standing is: Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Graduate \_\_\_

**Disability Information:**

1. What is your disability or disabilities?
  
  
  
  
  
  
  
  
  
  
2. What accommodations are you requesting?

**Academics:**

3. What challenges do you experience in the classroom?
  
  
  
  
  
  
  
  
  
  
4. What academic or other accommodations have been helpful to you in the past?
  
  
  
  
  
  
  
  
  
  
5. What challenges do you experience related to taking tests/exams?

**Housing:**

6. What challenges do you experience in the housing environment?
  
  
  
  
  
  
  
  
  
  
7. Have you applied for on-campus housing? Yes \_\_\_\_ No \_\_\_\_
  
  
  
  
  
  
  
  
  
  
8. Have you contacted Financial Aid about how accommodations related to housing might impact your financial aid funds? Yes \_\_\_\_ No \_\_\_\_

**\*If no, you are encouraged to speak with financial aid before submitting this form.**

**Release of Information:**

9. Does Accessibility Services have permission to discuss your file with your parents? Yes \_\_\_ No \_\_\_  
If yes, please list your parent(s) or guardian name(s) below:

**I have read and agree with the terms of the Disclosure and Registration Agreement for GV Students with Disabilities:**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please complete form, sign, and return to:  
Crystal Fierro, MS, MA  
Director of Accessibility Services**

Grand View University  
1200 Grandview Avenue  
Des Moines, IA 50316  
Email: [cfierro@grandview.edu](mailto:cfierro@grandview.edu)  
Phone: 515-263-2971  
Fax: 515-263-6192