GRAND VIEW UNIVERSITY

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 Department 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 Accessibility Services Overview to learn procedures and responsibilities of individuals with disabilities.

D. I understand that I can request assistance from the Department 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 Department of Accessibility Services. The appeal process can be found in the Accessibility Services Overview.

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 Accessibility Services Overview.

G. I understand that if I request accommodations(s), the Department 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: _____

This form applies to Academic Year: _____

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, guardians, etc.? Yes ☐ No ☐ *If yes, please list name(s) (first & last) and relationship (mom, brother, partner, etc.) below:

Student Signature _____ Date_____

Please complete form, sign, and return to:

Department of Accessibility Services

Grand View University
1200 Grandview Avenue
Des Moines, IA 50316
Email: accessibilityservices@grandview.edu
Phone: 515-263-2971
Fax: 515-263-6192