



MOUNT MARTY UNIVERSITY

LEARNING ACCESSIBILITY SERVICES

Application for Accommodations

Date: _____

Name: _____

Date of Birth: _____ Year: Fr. ____ So. ____ Jr. ____ Sr. ____ Campus

Address (if applicable): _____

Permanent Address: _____

Phone Number: _____ Email Address: _____

Major: _____ Advisor: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Type of disability (Check all for which you are submitting documentation):

- Autism Spectrum Disorder/Neurodivergent
- Attention Deficit Hyperactive Disorder (ADHD)
- Blind/Low Vision
- Deaf/Hard of Hearing
- Learning Disability (please specify) _____
- Mobility/Physical
- Speech/Language Impairment
- Health Impairment (please specify) _____
- Psychological/Psychiatric Disorder (please specify) _____
- Traumatic Brain Injury (TBI)
- Other (please specify) _____

Nature of disability (Please explain how the disability interferes with activities in your life, such as your courses, your program of study, residential life, and other college activities):

What **types of accommodations** have you previously used and where? (list high school and/or previous college):

Accommodations requested at MMU (NOTE: Documentation should support requests for accommodations or services)

Have you received the **Learning Accessibility Services (LAS) Documentation Criteria** from Mount Marty University? ___ Yes ___ No

Are you currently a client of Vocational Rehabilitation Services? ___ Yes ___ No

Name of Case Manager: City/State

If not, would you like information about the agency? ___ Yes ___ No

I certify that the information provided on this form is accurate to the best of my knowledge.

- I understand that I must provide disability documentation to support the need for requested accommodations.
- I understand that reasonable accommodations are determined after a thorough review of the current documentation and a visit with the Learning Accessibility Coordinator.
- Finally, I understand that communicating my academic accommodation needs to my instructors is my responsibility, and no accommodations will be granted without such notification.

Statement of Agreement:

I understand that the staff of LAS at Mount Marty University (MMU) will have access to my disability file and access to my academic and other records maintained by MMU. I further understand that in order to meet my accommodations needs, it may be necessary for LAS to contact other university departments and disclose personal information about me on an as-needed basis. By completing this form, I consent to such disclosure by Learning Accessibility Services.

Signature: _____ Date: _____

Please take the **LAS Documentation Criteria** form to your health professional to ensure we receive comprehensive documentation for our files (and in preparation for potential national standardized tests that require sufficient paperwork to grant accommodations.)