



**Student Request for
Disability Accommodation and Services**
(To be completed by Student)

Your Name: _____ Date: _____

Date first entered the University: _____

Degree Program: _____ Advisor: _____

1. What is your disability? Please specify the date your disability commenced and its expected duration.
2. What is the reasonable accommodation(s) that you are requesting? Be as clear and specific as possible.
3. Please indicate if you prefer to meet with your Service Provider on or before classes begins.
 Yes No
4. Please explain how the requested accommodation, aid or assistance measure will help you to attend the University and participate successfully in your degree program.
5. Please explain if there are **other** accommodations, aids or assistance measures which may assist you to attend the University and fulfill the requirements of your degree program.



6. Are there any elements of your program of study that you cannot complete **without** the accommodation you are requesting? If so, please explain.
7. Are there any elements of your program of study that you cannot complete **even with** the accommodation you are requesting?

I, _____, request that the above accommodations be provided to me as a qualified student with a disability. I further understand that the University of Guam will reasonably accommodate individuals with disabilities, as defined by applicable law, if the individual is otherwise qualified to meet the fundamental requirements and aspects of the program of the University, without undue hardship to the University.

The information that I have provided is true, correct, and complete. I hereby authorize, _____, my treating physician and/or other related health care professional(s) to provide information regarding my condition to the University of Guam to assist in identifying and providing me with the accommodation(s) requested.

Signature of Student

Date



Health Care Professional Section

(Please attach additional pages and supporting documents, if necessary.)

Student's Name: _____

Please complete the Verification of Disability portion or note here if the student is not a qualified person with a disability.

1. Please identify the specific diagnosis and description of the above-named student's disability, to include the date the disability commenced and its expected duration. For the diagnosis of a specific learning disability, objective evidence of a substantial limitation to learning must be provided. Your evaluation must address areas including aptitude, achievement, and information processing and must include relevant records.
2. What is the reasonable accommodation(s) that you are recommending? Be as clear and concise as possible.
3. Please explain how the requested accommodation, aid or assistance measure will be effective in enabling the student to complete the student's degree program at the University.
4. Please explain if there are other accommodations, aids or assistance measures that will enable the student to complete his/her degree program.
5. Are there any elements of the student's program of study that the student cannot complete **without** this accommodation? If so, please explain.
6. Are there any elements of the student's program of study that the student cannot complete **even with** this accommodation? If so, please explain

Name of Health Care Professional

Signature of Health Care Professional

Date



VERIFICATION OF DISABILITY

Please attach using official letterhead a statement that certifies the following:

1. Name of Student/Applicant (“individual”) and Date of Birth
2. The nature of any physical or mental impairment experienced by the Individual.
3. How the impairment limits one or more of the individual’s major life activities.
4. The onset and expected duration of the disability.
5. Recommendations regarding the type of assistance needed for the Individual to be employed in their position at the University.

The name of the professional providing the verification, title, contact information, and signature should also be noted.