



## Learning Enrichment Center

Student name \_\_\_\_\_ Social Security no. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

APU Box# or Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Major \_\_\_\_\_ Class status:  Freshman  Sophomore  Junior  Senior  Graduate

### Disability Category

Check all that apply and complete disability description on the back of this form.

Disability is:  Permanent/Chronic  Temporary 45 days or less  Temporary greater than 45 days

Physical impairment:  Visual  Hearing  Orthopedic  Neurological  Respiratory  Other

Mental impairment:  Acquired brain injury  Specific learning disability  Psychological disorder

### Certification

Certification our your disability must be completed by a professional in disability services, education, medicine, psychology, or a related area. Please see separate LEC document for disability-specific certification requirements.

Name of certifying professional \_\_\_\_\_ Daytime phone (\_\_\_\_\_) \_\_\_\_\_

Place of employment \_\_\_\_\_ Professional capacity \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Academic Accommodation(s)

Place a check by the academic accommodations that you will need. Please note that the accommodations listed below are not necessarily available to every student who requests services. The final determination of academic accommodations is subject to verification of disability and documented need based upon areas of deficit.

Extended time on exams  Scribes for exam  Oral exams  Notetakers

Extended time for in-class writing assignments  Sign Language/Oral Interpreters

Readers for non-text material (articles, exams, etc.)  Tape recorded classroom lectures

Letter(s) to or individual conference with faculty explaining the nature of your disability

Other, please describe: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Continued on back)**

