



Office Disability Support Services
 340 South West St.
 Office 115, E. Wing
 Galesburg, IL 61401

Accommodation Request Form

Thank you for contacting Disability Support Services (DSS) at Knox College. Please review and complete this form as thoroughly as possible. You will be contacted by a DSS staff to schedule an initial intake session to discuss your accommodation request.

Student Information:

Name: _____	Date of Request: _____
Date of Birth: _____	Student ID: _____
E-mail: _____	Phone: _____
Academic Classification: _____	Major: _____
Transfer Student: ___ Yes ___ No	International Student: ___ Yes ___ No
Term for which you are requesting accommodations:	
___ Fall ___ Winter ___ Spring _____ Year	
Type of accommodation you are requesting:	
___ Academic Accommodations ___ Residential Accommodations ___ Both	

Disability Information:

Please answer the following questions about your disability and how it may impact your ability to learn or participate in Knox College.

Do you have an officially diagnosed Disability?

___ Yes ___ No ___ Unsure (Unofficially Diagnosed)

Briefly describe the impact of your disability in an academic and/or residential setting:

Referral Information:

Who referred you to our office? _____

Additional Documentation:

All qualifying students who request Academic and/or Residential Accommodations must provide appropriate documentation to the DSS office in accordance with this policy. Provided documentation must be from an appropriate Health Care Professional who has the authority to diagnose the particular disability. All supporting documentation must be provided to be considered for accommodation approval. We ask that documentation be provided by the scheduled intake appointment for the most comprehensive consideration. Please note that accommodations are not retroactive, and will be implemented from that date approved.

All documentation must be comprehensive and include relevant information regarding the student's functional limitations in relation to their disability in either an academic or residential setting. DSS staff will consider all relevant information in the process of determining appropriate student accommodations.

All documentation must include the following information:

1. A clear statement of the condition(s), including diagnosis and expected duration of the condition (diagnostic codes are helpful).
2. Demonstrate current functional limitation(s) imposed by the impairment and describe how it substantially limits a major life activity.
3. Describe how the proposed accommodation will be beneficial and if it is considered "medically necessary" for the student's success.

Confidentiality Statement:

The Office of Disability Services takes every reasonable precaution to protect your privacy. The identity of those using our services, along with any disclosures made concerning appropriate accommodations is regarded as confidential. Without your written consent, confidential information is not shared with parties outside of the Office unless there is a clear and imminent danger to an individual or to society. Information will be shared with professors, college officials and parents only upon your approval.

Verification:

By signing this form, I certify that all information I have provided is true and accurate to the best of my knowledge. I understand that intentionally providing false or misleading information may result in my being ineligible for services and accommodations.

Signature of Student

Date