



### Request for Accommodations and Academic Support

WSU Tech works with students to ensure a positive educational experience and equal access to educational opportunities and programs. Students with disabilities may request academic accommodations by completing the information below, signing a Release of Information to allow Disability Services staff to communicate with the appropriate personnel, and by providing documentation of disability completed by a licensed professional.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

WSU Tech ID \_\_\_\_\_ Course of Program Study \_\_\_\_\_

Permanent Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Daytime phone \_\_\_\_\_ Email \_\_\_\_\_

Shocker Pathway Student \_\_\_ Yes \_\_\_ No Course of Program Study \_\_\_\_\_

**Please Provide Disability Information/Disability Description Below:**

- Vision \_\_\_\_\_
- Mobility/Ortho \_\_\_\_\_
- Hearing \_\_\_\_\_
- Learning Disability \_\_\_\_\_
- Speech \_\_\_\_\_
- Other \_\_\_\_\_

**Please list Nature of Requested Services or Accommodations below:**

Accommodations needed in classroom: \_\_\_\_\_

Auxiliary aids: \_\_\_\_\_

Other: \_\_\_\_\_

**Accommodations and Auxiliary aids:** Students are responsible for requesting accommodations or auxiliary aids in a timely manner. Requests should be made at least two weeks before courses, programs or activities begin. Students are responsible for making a written request for assistance to obtain specialized support services from other resources such as State Vocational Rehabilitation, Recordings for the Blind, State Services for the blind, etc. I understand that I must provide medical or other diagnostic documentation of my disability and limitations, prepared by a qualified physician, psychologist, or professional to Disability Services.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this confidential document to:**

WSU Tech -Disability Services  
3821 E. Harry, Wichita, KS 67218  
316.677.1065/Fax: 316.462.0716  
disabilityservices@wsutech.edu



### Release of Information

Name \_\_\_\_\_ Student Id# \_\_\_\_\_ Date of Birth \_\_\_\_\_

**I give the Disability Services Department at WSU Tech, permission to share information regarding my accommodations with my instructors and/or with the following persons and/or agencies:**

\_\_\_\_\_ All agencies and/or persons with a legitimate need to know.

**Or check specific groups below with whom WSU Tech may share information:**

\_\_\_\_\_ Wichita State University Department of Disability Services

\_\_\_\_\_ Wichita State University Campus Housing Personnel

\_\_\_\_\_ Wichita State University NIAR Lead/Instructors (CATIA students only)

\_\_\_\_\_ All Faculty

\_\_\_\_\_ Specific faculty—please specify: \_\_\_\_\_

\_\_\_\_\_ Other college personnel; such as Academic Coach, Success Coach, Financial Aid

\_\_\_\_\_ Case manager or school counselor name, school, phone #: \_\_\_\_\_

\_\_\_\_\_ Medical/counseling facilities \_\_\_\_\_

\_\_\_\_\_ Recordings for the blind

\_\_\_\_\_ Department of Rehabilitation; Department of Veteran Affairs

\_\_\_\_\_ Other (parents, guardians, spouses, family members) please specify: \_\_\_\_\_

I understand that I must provide medical or other diagnostic documentation of my disability and limitations, prepared by a qualified physician, psychologist, or professional, to Disability Services. This confidential form will be in effect from the date signed and will remain effective during my registration at WSU Tech.

I understand that if I need to make changes to those I am giving permission for you to share my information, I will request and fill out a new form.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

WSU Tech does not discriminate with regard to race, religion, color, sex, disability, national origin or ancestry, age or gender in its admissions, progress, or activities. Persons with questions may contact Human Resources Director, 4004 N Webb Rd, Wichita, KS 67226 (316) 677-9400.

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316.677.1065/Fax: 316.462.0716  
disabilityservices@wsutech.edu



## Documentation of Disability

By signing this form, I grant permission for information concerning my disability to be released to WSU Tech and/or Wichita State University, Office of Disability Services. I understand all documentation of disability information is treated as confidential material.

Student Name \_\_\_\_\_ WSU Tech ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### Disability Verification

**(This section to be completed by physician, psychologist, or other licensed professional)**

Name of physician, psychologist, or professional \_\_\_\_\_

Address \_\_\_\_\_ Day Telephone \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Evening Phone \_\_\_\_\_

The above student has requested accommodations through our office and is needing you to complete the following information. To ensure the provision of reasonable and appropriate services for students with disabilities, students requesting services must provide current documentation of their disability. Any information you can provide that offers recommendations for necessary and appropriate auxiliary aids or service, academic adjustment or other accommodation is needed.

Date of Diagnosis \_\_\_\_\_

Diagnosis (DSM Criteria-if applicable) \_\_\_\_\_

Process/testing used to determine diagnosis: \_\_\_\_\_

Functional limitations resulting from the condition/disorder that would, in your opinion, impede the student's educational performance. Please check all that apply:

- Poor concentration, distractibility and/or confusion
- Intense anxiety, phobia and /or panic.
- Difficulty hearing and/or speaking during discussions in class.
- Difficulty completing enrollment process due to crowds, long lines, decision making and/or completing assignments.
- Difficulty in taking notes, reading college texts, taking tests and/or managing time.
- Difficulty completing assignments due to pressures or disability.
- Other please specify: \_\_\_\_\_

Please List Recommended Services, Accommodations or Auxiliary Aids below: \_\_\_\_\_

Physician/Psychologist/Professional Signature \_\_\_\_\_ Date \_\_\_\_\_

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