



## **DISABILITY ACCOMMODATIONS REQUEST FORM**

### **COUNSELING CENTER**

**Southern University at Shreveport, Louisiana offers accommodations for eligible students with documented disabilities. To request academic or environmental accommodations, complete this form (Please type of or print) and return it along with copies of your disability documentation to:**

**Southern University at Shreveport, Louisiana, Counseling Center**

**Fine Arts Bldg., Room C-5, Suites A & D, 3050 Martin Luther King Drive**

**Shreveport, LA 71107**

*Information on this form is confidential to the extent permitted by law.*

**Voluntary Disability Disclosure:**

Semester: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer Year \_\_\_\_\_

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

Student I.D./Social Security# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ C-phone \_\_\_\_\_ Email \_\_\_\_\_

If you are a perspective Southern University at Shreveport Louisiana Student, when do you plan to attend? \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer Year \_\_\_\_\_

What type of disability/disabilities are you requesting accommodations for? Please check or circle all that apply.

\_\_\_ Psychological/Emotional Disability \_\_\_ Learning Disability \_\_\_ Physical Disability

\_\_\_ Other (Specify) \_\_\_\_\_

To the best of your knowledge, please describe your disability and any symptoms which impact you in the academic and/or residence hall environment. Include the date of onset. Attach additional pages if needed.

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Please describe/list accommodation(s) requested:

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Signature (Student)\_\_\_\_\_ Date \_\_\_\_\_