

DISABILITY ACCOMMODATIONS REQUEST FORM

Southern University at Shreveport, Louisiana offers accommodations for eligible students with documented disabilities. To request academic or environmental accommodations, complete this form and email to ahart@susla.edu or print and return form with copies of your disability documentation to:

Southern University at Shreveport, Louisiana 3050 Martin Luther King Drive Shreveport, Louisiana 71107 New Classroom Building (NCR), Office 125

Information on this from is confidential to the extent permitted by law

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Voluntary Disability Dis	sclosure:	
Semester: □Fall □Sp	oring Summer Year:	
Student's Name:		Date of Birth:
Student I.D./Social Secu	urity #:	
Address:		
City:	State:	Zip:
Phone:	Email:	
When did/will you start attending SUSLA? Semester:		Year:
What type of disability/disabilities are you requesting accommodations for? Please check all that apply.		
☐ Deaf & Hard of Hear	ring	
☐ Attention Deficit Hyperactivity Disorder (ADHD)		
☐ Specific Learning Disability (Specify):		
☐ Psychological/Emotional Disability (Specify):		

☐ Physical or Medical Disability (Specify):
☐ Temporary Disability (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.
Please describe/list accommodation(s) requested:
Signature (Student) Date: