



## 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 [jbanks@susla.edu](mailto:jbanks@susla.edu) or print and return form with copies of your disability documentation to:

**Johnetta Banks, EdD**  
**Diversity, Equity, and Inclusion Compliance Coordinator**  
**Title IX and ADA Coordinator**  
**Southern University at Shreveport, Louisiana**  
**Johnny L. Vance Student Activity Center, 2<sup>nd</sup> Floor/V-210**  
**3050 Martin Luther King Drive Shreveport, Louisiana 71107**  
**(318) 670-9201-office or (318) 680-5290-cell**

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

Voluntary Disability Disclosure:

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

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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.

Vision Loss & Impairment: \_\_\_\_\_

Traumatic Brain Injury: \_\_\_\_\_

Deaf & Hard of Hearing: \_\_\_\_\_

Cognitive and 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.

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Please describe/list accommodation(s) requested:

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