



## DISABILITY ACCOMMODATIONS REQUEST FORM

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

Angelica Hart, EdD, MHP, SMHS  
ADA/Section 504 Coordinator  
Southern University at Shreveport, Louisiana  
3050 Martin Luther King Drive Shreveport, Louisiana 71107  
New Classroom Building (NCR) Office 125  
(318) 670-9367

*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 residence hall environment. Include the date of onset (diagnosis). Attach additional pages if needed.

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Please describe/list the accommodation(s) requested:

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