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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 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 prospective 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.

Please describe/list accommodation(s) requested:

Signature (Student) _____ Date _____