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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature (Student) __________________________________________ Date ___________________