

Student Request for Disability Services at Park University

Name: _____

Park ID#: _____

Date of request: _____

Term enrolling (ex: Fall 2013): _____

Date classes begin: _____

I plan to take classes (check all that apply): in Parkville online

at a campus center (Please specify campus center _____)

Type of disability: physical learning other

Specifically: _____

Do you have documentation from a medical professional qualified to diagnose this disability? (doctor, psychologist, etc.)?

Yes (Describe type of documentation and its date. You may submit it with this form)

No (If you do not have documentation, please see our website for more information about the information we need: <http://www.park.edu/disability/>)

Accommodations requested:

Are you currently served by VocRehab?

No Yes If yes, please indicate state _____

NOTE: Accommodations are approved based upon the documentation we receive. We must also consider requirements of academic departments as we determine reasonable accommodations. Accommodations approved for a student may or may not include all accommodations requested. Please refer to the Handbook for Students with Disabilities for more information about the review process and grievance procedures.

Please print this form and return via mail, fax, or email to:

Florenda Jarrard

Assistant Director of Academic Support Services

Park University

8700 NW River Park Drive CMB 46

Parkville, MO 64152

Fax: 816-505-5445 (alternate fax 816-741-4991)

Email: disabilityservices@park.edu

Phone: 816-584-6313