

Student Request for Disability Services at Park University

Name: _____ Park ID#: _____

Date of request: _____

Term enrolling (ex: Fall 2022): _____ Date classes begin: _____

I plan to take classes (check all that apply): _____ Parkville Campus _____ Gilbert Campus _____ 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:

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 Success Center
Park University
8700 NW River Park Drive CMB 46
Parkville, MO 64152
Fax: 816-505-5445
Email: disabilityservices@park.edu Phone: 816-584-6313