



## Request for Accommodation

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

Student Email Address: \_\_\_\_\_ Social Security # \_\_\_\_\_

Program/Cohort Group: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Type of Disability: \_\_\_\_\_

In accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disability Act (ADA), individuals with disabilities are guaranteed protection from discrimination on the basis of their disability status and rights of equal access to educational programs and services. Accommodations are made in relation to a documented disability. Ohio Christian University (OCU) may collaborate with qualified healthcare professionals to provide appropriate accommodations, academic adjustments, and/or auxiliary aids or services in the academic setting.

OCU will consider any request for reasonable accommodation. An accommodation request must be supported by documentation. To be reasonable, the request must meet a documented need of the student, not present an undue burden, and not constitute a fundamental alteration of a core component or requirement of a specific course or academic curriculum or program of OCU.

Students are required to complete this *“Request for Accommodation”* form and to provide documentation of a current disability. Generally, such documentation will need to include information from a qualified healthcare professional that: (1) provides a current diagnosis of the disability, (2) indicates information about the severity and longevity of the disability, and (3) may offer suggestions and/or recommendations for necessary and appropriate accommodation(s). In addition to this form, a qualified healthcare professional may be asked to complete the *Verification of Disability* form.

Please return both forms to:

Ohio Christian University  
Attn: 504 Compliance Officer  
1476 Lancaster Pike  
Circleville, OH 43113  
[complianceofficer@ohiochristian.edu](mailto:complianceofficer@ohiochristian.edu)

