Accommodation Request Form

**Students must complete the Accommodation Request Form.** This form provides students an opportunity to describe their disability and accommodations they are hoping to receive. Students are responsible for providing the Disability Resource Center (DRC) Office with documentation verifying their disability. DRC Staff will review documentation to determine eligibility for reasonable academic accommodations.

**Student Contact Information:**

Full Name: _________________________________  Student ID#: L2 ________________________________  
Address: _________________________________  Phone/Cell#: ________________________________  
City/State/Zip: _________________________________  LU Email: ________________________________

Are you currently enrolled in classes this semester?  
Yes ____  No ____

If “no”, which semester will you first enroll? ___________________________________________________

**Disability Information:**

What is your disability or disabilities? ____________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

In your own words, please describe your disability. __________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

**Potential Accommodations:**

What types of accommodations are you hoping to receive? __________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

What type of accommodations have you used in the past? __________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

What type of accessible technology have you used? __________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
Have you applied for on-campus housing?  Yes ____  No ____

If yes, please describe any on-campus housing accommodations you may need due to your disability (if any):

Please indicate if you are a:
☐ Veteran/Active Military/Reserve

Please indicate if you are affiliated with:
☐ Department of Assistive and Rehabilitative Services (DARS)

If you checked DARS box please list the following information:

Agency Counselors Name: ____________________________________  Phone#: _________________________
Address: _______________________________________________  Fax#:  ___________________________

Please list any medications regularly taken:
________________________________________
_____________________________________________________________________________

In case of Emergency:

Name: ________________________________________________  Phone#:________________________

Student Signature: _______________________________________  Date: ___________________________

I certify that the above Information is correct to the best of my knowledge. I release the following information to the Services for Students with Disabilities program: transcripts, test scores, progress reports, diagnostic data and other information from the records pertaining to my enrollment. I understand Services for Students with Disabilities may release information from my record for the purposes of preparing/providing services I might need, including agencies that provide financial support.

Disability Resource Center
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