

Tahlequah - Hawkreach Leoser Center 918-444-2042 or Ext. 2042

## Student Disability Services

Broken Arrow - Admin Services 127 918-449-6139 or Ext. 6139

Name	Student ID Number
Local Address	Permanent Address (If different from local).
Street          City          Phone          Email	City StateZip Phone
Statement of Disability:	□ FALL □ SPRING □ SUMMER 20esting adaptive equipment be specific regarding need and type.
I understand that I may be required to provide access to confidential r	Services with proof of my disability and to make a request for accommodation in writing. ecords regarding my disability from licensed or certified professionals or agencies to addled in a confidential manner and that permanent accommodation(s) is pending until
Signature:	Date:

## Examples of Services Offered Include:

Extended Test Time Volunteer Note-takers Special Seating Audio Texts Resource Referrals Interpreters Orally Proctored Exams
Faculty Notifications
Adaptive Equipment
Enlarged Materials
Accessibility Concerns

Distraction Reduced Testing Environment

Classroom Relocation

Accommodations are determined on an individual basis

Northeastern State University and Student Disability Services are committed with ensuring that the special needs, rights and interests of students with disabilities are met. Under university policy, as well as federal and state laws, qualified students with disabilities are entitled to reasonable accommodations that will allow them access to programs, jobs, services and activities unless the accommodation(s) will pose an undue hardship on the university. Students are encouraged to apply for services early and to schedule a meeting to discuss their individual needs. Students are required to renew their request for accommodations at the start of each semester.

TEMPORARY APPROVAL (For Office Use Only)	
	est for accommodation will be temporarily approved for 30-day period/ 60-day period. Permanent approval is contingent ollowing condition(s):
<u> </u>	Review by the coordinator of Student Disability Services  Other
Signature:	Date:
	APPROVAL/MODIFICATION AND APPROVAL OF REQUESTS (For Office Use Only)
Request fo	ρς
Approved	with following adjustment(s)/change(s):
Signature:	Date:
	EXPLANATION OF DENIAL FOR ACCOMMODATION (For Office Use Only)
Request fo	Dr
Denied due	e to/for:
Signature:	Date: