



CONFIDENTIAL

All information shared with the University through the ADA evaluation and/or reasonable accommodation process will be maintained separate from personnel files and in accordance with all ADA requirements.

Reasonable Accommodation Request Form

Individuals who are requesting reasonable accommodation(s) under the Americans with Disabilities Act of 1990 (ADA) are encouraged to complete this form in its entirety. If you are unable to complete this form on your own, someone else may complete the form on your behalf. Completed forms are to be returned to the Office of Student Affairs.

Name:
(Please Print)

Date:

Address:

Phone:

E-Mail:

1. Identify the physical and/or mental impairment(s) for which you are requesting accommodation and the expected duration of the impairment(s). Include the date of diagnosis.

2. Explain how the impairment(s) listed above affect(s) your ability to perform the functions required of you as a student at PNWU. If you are a new student, state the anticipated difficulties you foresee. Be as specific as possible regarding the things you are having difficulty performing or believe you will have difficulty performing.

3. List the accommodation(s) you are requesting.

4. Add any comments you feel may be helpful in our consideration of your request.

5. Medical verification of the impairment(s) (check the appropriate box):

I have enclosed the applicable medical documents with this request. Yes No

The disability and need for a reasonable accommodation is obvious and no medical documentation is needed. Explain.

Signature:

****NOTE: Pacific Northwest University of Health Sciences reserves the right to request documentation if the evaluator believes more information is needed to appropriately assess your condition, functional limitations, and/or request for reasonable accommodation.***