Office of Student Accessibility Services
Our mission is to provide students with disabilities and other accessibility needs the services and supports they need to achieve equal access in pursuing higher education at Heidelberg University while also serving the wider campus community as a resource in understanding disability, accessibility, and inclusivity.

Coordinator: Douglas Stoll, MSW  accessibilityservices@heidelberg.edu
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Tiffin, OH 44883  F: 419-448-2238

Student Application for Accommodations
This form is for currently enrolled or accepted Heidelberg University students to self-identify their disability, condition, and/or accessibility need. Any information disclosed is kept confidential. This document is necessary for record-keeping and as part of the interactive process to determine barriers to accessing the student’s university experience, as well as to request appropriate accommodations to remove or minimize those barriers. All requests are considered carefully. Requests are not strictly guaranteed.

Please answer the following questions as in-depth as is reasonable.

A. Personal Information: Please answer with your preferred information.

1. Name: ________________________________________________________________

2. Date of Birth: ___ ___ / ___ ___ / ___ ___  5. Gender Identity: ______________________

3. PID: ___ ___ ___ ___ ___ ___ ___ ___ ___  6. Pronouns (Optional): __________________


10. Major(s): _____________________________________________  11. Minor(s): ________________________________

12. Student Category: Please check all that apply.

  ___ College Credit Plus (CCP)  ___ Undergraduate  ___ Graduate  ___ International

  ___ Honors Student  ___ Veteran  ___ Non-Traditional Student

13. Student Activities & Athletics: Are you currently involved, or do you plan to be involved, in any sports teams, student clubs, Greek societies, or other campus activities? If so, please list them here.

  ____________________________________________________________________________

  ____________________________________________________________________________

  ____________________________________________________________________________
B. **Contact Information:**

14. Please check your preferred method of contact:
   ___ Email    ___ Phone call    ___ Text messaging    ___ Other: ____________________________

15. **Permanent/Home Mailing Address:**
   Street: ________________________________________________________________________________
      ________________________________________________________________________________
   City: ______________  State: _____  Zip: _______________________________________

16. **Local/Campus Mail Address:**
   ______________________________________________________________________________________
   ______________________________________________________________________________________

17. **Phone Number:**  (___ ___ ___ ) ___ ___ ___ - ___ ___ ___ ___

18. **Student Email Address:** ____________________________________________________________@heidelberg.edu

19. **Alternative Email Address:** ___________________________________________________________

C. **Educational Information:** *This section may be skipped if not applicable.*

20. Please indicate if you received an IEP, 504 ETR, or MFE, and describe its accommodations:
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

21. **Name of High School:** _______________________________________________________________

22. **Graduation Date:** ________________________________________________________________

23. If you’ve received accommodations at another college or university, describe them here:
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

24. **Name of College or University:** _______________________________________________________

25. **Dates attended:** ________________________________________________________________

26. What accommodations/services have worked for you in the past? _______________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
D. **Information for Request:**

27. Please describe your disability, condition, impairment, and/or accessibility need. Please indicate if it is temporary or permanent. Include any and all diagnoses as appropriate.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

28. Please describe any medication and/or treatment you are currently receiving for the above.

______________________________________________________________________________

______________________________________________________________________________

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29. In your own words, please describe what barriers you encounter to your ability to function in an academic setting due to the above statements.

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30. In your own words, please describe what accommodations you are requesting, and how these accommodations would remove or minimize barriers to your university experience.

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Signature

Date