



The Owen Center
for Academic & Career Support

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 of Student Accessibility
Services 310 E. Market St, Suite 315
Tiffin, OH 44883

accessibilityservices@heidelberg.edu

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):** _____

4. **Start Term:** _____ 7. **Race/Ethnicity:** _____

8. **Current Year Status:** _____ 9. **Expected Graduation:** _____

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.

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.

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.

Signature

Date

