

THE JOHN MARSHALL LAW SCHOOL
DISABILITY ACCOMMODATION REQUEST • A THREE-STEP PROCESS

Type/print information and return to Lynne Tagatz, Room 301. Information contained on this form is **CONFIDENTIAL** to the extent permitted by law. Request will be processed only when medical documentation is attached.

STEP 1: Initiation of Request • To be completed by student • Attach medical documentation

1. Student requesting accommodation _____
2. Student Social Security Number _____
3. Local Phone (including area code) _____
4. Cell Phone: _____
5. Email Address: _____
6. Local Address: _____

5. Check as appropriate
- a. My condition is: mental physical other (attach explanation)
- b. It is the result of: disease injury congenital condition
 functional disorder unknown other (attach explanation)
- c. Describe in your own words limitations caused by the condition you have named. Use additional pages if necessary. **Medical documentation must be attached to complete this request.**

6. Describe accommodations (if any) you received at your undergraduate institution.
7. Describe accommodations requested and why. (e.g. examinations, note taking, recorded classes)
8. Describe any alternative accommodations that may meet your needs.

9. Date _____ **Student's signature** _____

STEP 2: Review of Request • To be completed by Associate Dean Rory Smith

10. Granted accommodations by Associate Dean (indicate suggested modifications/changes to student's request):

11. Date _____ **Associate Dean's signature** _____

STEP 3: Disposition of Request

12. STUDENT: I acknowledge receipt of this response and I agree
My signature authorizes the Administration to inform any necessary faculty of the accommodations granted.

13. Date _____ **Student's signature** _____