



STUDENT SUCCESS CENTER

Application for Disability Accommodation

General information:

ID # _____ Date of Birth: _____

Name: _____
(Last) (First) (Middle)

School Address: _____
(Box) (E-mail) (Phone)

In Case of Emergency, notify: _____

Phone: _____ Relationship to You: _____

Disability Information: (Confidential)

List disabilities: _____

The effect of this disability on your learning process: _____

List medications currently prescribed: _____

Attending Physician: _____

Address: _____ Phone: _____

Additional relevant information: _____

The OKWU Student Success Center Office will require written documentation of the disability before services are considered.

List accommodations/services being requested: _____

I authorize OKWU's Student Success Center to release information concerning me to OKWU personnel on a need to know basis only.

Student Signature

Date