



2200 BONFORTE BOULEVARD  
PUEBLO COLORADO 81001-4901

VOICE: 719 549-2648  
FAX: 719 549-2195

Disability Resource & Support Center  
**Request for Non-Academic Accommodations**  
(Form and documentation must be submitted to Disability Resource & Support Center, LARC 169)

Students requesting non-academic accommodations at Colorado State University-Pueblo must complete and return this form to the Disability Resource & Support Center. The information requested is necessary to assist you with appropriate support services at the University.

**Student Information**

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

PID #: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

CSU-Pueblo Address: \_\_\_\_\_  
\_\_\_\_\_

**Disability Information**

Describe your disability: \_\_\_\_\_

What campus office/department are you seeking accommodations from? \_\_\_\_\_

What support services/accommodations are you requesting? \_\_\_\_\_  
\_\_\_\_\_

Have you previously submitted documentation to the DRSC?  Yes  No

Are you currently receiving classroom-based accommodations?  Yes  No



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Disability Resource & Support Center  
**INFORMED CONSENT TO RELEASE INFORMATION**

I, \_\_\_\_\_ PID# \_\_\_\_\_,  
hereby authorize the Disability Resource & Support Center to discuss either in writing or orally, my academic accommodations with appropriate administrators, instructors, professors, third-party service providers (medical personnel, diagnosticians, vocational rehabilitation counselors, vendors, etc.), student assistants, and other persons deemed necessary by the Disability Resource & Support Center staff for the purpose of providing and/or coordinating academic services for me with Colorado State University-Pueblo.

I would like to add the following person(s) to this release: \_\_\_\_\_

With the following restrictions: \_\_\_\_\_

***The consent may be withdrawn at any time except when action has already been taken to comply with this consent.***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_