



Request for Non-Academic Accommodations

(Form and documentation must be submitted to Disability Resource Office, LARC 169)

- 1) Students must self-identify to the campus office/department for which non-academic accommodations are being requested.
- 2) Students must complete and submit the request/informed consent and documentation of a disability (documentation guidelines available at www.csueblo.edu/Disability) to the Disability Resource Office (LARC, Suite 169 or Fax 719-549-2195).
- 3) Student must contact the campus office/department following submission of documentation to verify granted accommodations. Determination process generally takes 5 to 10 business days. (For more information contact the Disability Resource Office at 719-549-2648).

The role of the Disability Resource Office is to determine eligibility and to act as a consultant to the campus office/department. The campus office/department is responsible for the provision of reasonable accommodations.

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 Disability Resource Office? **YES** **NO**

Are you currently receiving classroom-based accommodations? **YES** **NO**



2200 BONFORTE BOULEVARD
STUDENT LIFE

PUEBLO COLORADO 81001-4901
VOICE: 719 549-2648
FAX: 719 549-2195

STUDENT LIFE - DISABILITY RESOURCE OFFICE
INFORMED CONSENT TO RELEASE INFORMATION

I, _____ PID# _____

hereby authorize the Disability Resource Office 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 Office 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The consent may be withdrawn at any time except when action has already been taken to comply with this consent.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: _____