

Disability Accommodation Request Form

VaYU places great emphasis on providing specialized care for students with disabilities in accordance with the American Disabilities Act of 1990. The Institution is committed to any reasonable accommodation in case of permanent or temporary disability with Students, Staff, and Faculty, and strives to go above and beyond the letter of the law. Medical exemptions are considered on a case-to-case basis giving a flexible approach without compromising academic quality.

Personal Information

First Name	Middle Name	Last Name

Preferred Phone Number

*Include the Country Code

Email

*Use your university-issued email address

Address

Program

*If already enrolled in a program

Term (Spring/Fall)

Disability Information

Type of Disability

Specify your diagnosis or diagnoses

How does your disability impact your ability to complete coursework or other program requirements?

Do you use any special equipment, assistive technology, mobility aids or auxiliary aids?

Were you approved for accommodations in a prior academic setting?

Accommodation Request

Specify the accommodation you are requesting

Explain the rationale for your requested accommodation and attach the supporting document(s) along with this form at the time of submission

* Accommodation requests will not be reviewed until the required documentation is provided

Permission Agreement

VaYU may share information and communicate with appropriate University personnel on a need-to-know basis in order to facilitate the process of determining accommodation eligibility and/or implementation. In limited circumstances, specific information may be required to be disclosed in order to protect individuals in an emergency or to comply with law and/or University policies and procedures. The information on this form may be used in aggregate form for reporting purposes.

I give permission to VaYU University professionals assisting to speak with or request information from the treating professional who provided or will provide documentation (if not attached) to support my accommodation request(s) if needed to make an accommodation decision. I understand that this authorization is voluntary.

Signature:

I understand that my accommodation request(s) cannot be considered until appropriate documentation is submitted. I understand VaYU's use of the information on this form as stated above. If I responded affirmatively above, I am giving permission for my treating professional to be contacted, if necessary, to determine accommodation eligibility.

Signature:

For further process refer to the Accommodation Policy and procedure listed on [VaYU Policies and Procedures Page](#).