

Request for Accommodations Form

Please PRINT LR ID#: Date: Name: ______ Date of Birth: _____ Middle Last First Address: City/State/Zip: ____ Phone #: ______ E-Mail: _____ Name/s of Parent or Guardian: **Disability(ies):** ☐ Psychological/Emotional Impairment □ ADD/ADHD **☐** Autism Spectrum Disorder \sqcap PTSD **☐** Speech./Language Impairment □ Blind ☐ Chronic Health Impairment □ TBI □ Deaf ☐ Visual Impairment ☐ Hard of Hearing ☐ Temporary ☐ Learning Disability □ Other: (specify) ☐ Mobility Impairment □ Other: (specify) Current Medications: Medical Restrictions: Are you registered with Vocational Rehabilitation? _____Yes _____No If yes, Name of Counselor: _____ Address: _____ Phone #: _____ Are you a Veteran of the U.S. Armed Forces? ____ Yes ____ No If yes, what branch?

(OVER)

Hickory	Asheville	Columbia, SC
ou previously had	an IEP/504 Plan?	Yes No
:		
accommodations	or support services that y	you would like to request here at Lenoir-
se describe the cu	rrent impact and limitati	ons of your disability:
-	accommodations	accommodations or support services that y accommodations or support services that y se describe the current impact and limitati

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Specific documentation guideline information is available at http://www.lr.edu/student-life/cornerstone — Disability Services