



Application to Initiate Services

Name _____ Date _____

School Address/Dorm _____ RA _____

Local or Cell # (_____) _____ - _____ Age _____ DOB _____

Emergency Contact Person and Phone Number _____

ID# _____ Latest GPA _____ Expected Graduation _____

Major _____ Advisor _____

Does the Director have permission to contact your advisor? Yes No

Please describe your disability _____

In the past, have you required any accommodations? Yes No

If yes, please list such accommodations _____

Release of Information for College of Idaho campus

I have truthfully completed the information contained in this application to the best of my ability. I understand that by requesting disability support services I am not guaranteed an accommodation or that this process will result in the diagnosis of a disability. I understand I must request specific accommodation(s) for each of my classes and supply the Accessibility & Learning Excellence Department with information about my classes and professors each semester. Accommodations will be determined through an individualized, interactive process between the Director of Accessibility & Learning Excellence Services in collaboration with the student and professors, and after consideration of documentation and of individual needs. **I authorize the Director of the Accessibility & Learning Excellence Department to disclose appropriate information with those on campus who have a legitimate safety and educational need to know.** I also authorize those individuals to inform the Director of Accessibility & Learning Excellence of my progress through their services.

Signature _____ Date _____

Department of Accessibility & Learning Excellence adheres to the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPPA)