

Northeastern State University Official Request for Services Form

Student Disability Services
Administration Building Room 204

Division of Student Affairs
(918) 444-2120 or ext.2120

Name _____ Social Security Number _____

Local Address	Permanent Address (If different from local)
Street	Street
City State Zip	City State Zip
Phone	Phone
Email	Email

Statement of Disability: _____

Semester and year for which you are making request: Fall Spring Summer 20____

Please use the grid below to list each request. If you are requesting adaptive equipment be specific regarding need and type. _____

It is my responsibility to provide the coordinator of Student Disability Services or the Student Disability Services office with proof of my disability and to make a request for accommodation in writing. I understand that I may be required to provide access to confidential records regarding my disability from licensed or certified professionals or agencies to qualify for services. I understand that any records obtained will be handled in a confidential manner and that permanent accommodation (s) is pending until official confirmation of my disability has been established.

Signature: _____ Date: _____

Examples of Services Offered Include:	
Extended Test Time Volunteer Note-takers Special Seating Audio Books Counseling Referrals Interpreters Classroom relocation	Orally Proctored Exams Tutoring Referrals Adaptive equipment Enlarged Material Accessibility Concerns Parking Referrals Distraction Reduced Testing Environment
Accommodations are determined on an individual basis.	

Northeastern State University and Student Disability Services are concerned with ensuring that the special needs, rights, and interests of students with disabilities are met. Under university policy, as well as federal and state laws, qualified students with disabilities are entitled to reasonable accommodations that will allow them to access to programs, jobs, services and activities unless the accommodation (s) will pose an undue hardship on the university. Students are encouraged to apply for services early and to request a meeting to discuss their individual needs. Students are required to renew their request for accommodations at the start of each semester.

Temporary Approval (for office use only)	
Your request for accommodation will be temporarily approved for a 30 day / 60 day period.	
Permanent approval is contingent upon the following condition (s):	
Review by Student Disability Services office	Receipt of sufficient documentation to support disability
Other	
Signature:	Date:

Approval/Modification and Approval of Requests (for office use only)	
Request for	
Approved with following adjustment (s)/ change (s)	
Signature:	Date:

Explanation of Denial for Accommodation (for office use only)	
Request for:	
Denied due to/for:	

Signature: _____ Date: _____