

Academic Accommodation Request Form



DigiPen Institute of Technology is committed to providing equal access to all of its programs, courses, activities, events, and services. As required by the Americans with Disabilities Act of 1990 (the "ADA") as amended, and Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112) as amended (P.L. 93-16), DigiPen will provide reasonable accommodations to qualified students with disabilities. DigiPen recognizes that students with disabilities may need certain academic accommodations in order to fully participate in the academic component of the experiences.

Student Name:

Student ID Number:

Nature of Disability:

Documentation Submitted: Yes No

If **no**, the student has been advised that documentation of a disability from a clinical psychologist, psychiatrist, physician, or other professional skilled determining functional limitations is required. The student accepts the responsibility for providing such documentation within a reasonable time frame.

How does your disability affect you in the academic setting?

Accommodation(s) Requested:

By signing below, the student submitting this request form understands that the documentation and information contained herein are confidential and shall not be shared with any party except when necessary to carry out appropriate accommodations. Documentation will be maintained in a confidential file separate from the academic student record.

Student Signature:

Date:

DSS Coordinator Signature:

Date: