

FORMAL REQUEST FOR ACCOMMODATION

As an individual claiming to have a permanent disability (hereinafter referred to as “disability”), I hereby designate the Disability Services Office to be the holder of record for documentation of my disability and request that accommodations which are appropriate to my disability, and reasonable in the context of the academic and student service environment under the Americans with Disabilities Act, be provided to me by applicable entities at the University of Houston-Clear Lake. I realize that this application for special accommodations as an individual with a disability will remain a part of my permanent record in this office only.

PLEASE PRINT

Name: _____

Student ID: _____

Classification: _____

Brief description of disability:

Current disability related medication(s):

**DOCUMENTATION REQUIRED TO DETERMINE
APPROPRIATE ACCOMMODATIONS**

I understand that before accommodations can be provided, I must furnish current documentation of my permanent disability from a professional who is licensed/certified in a field applicable to my disability. This documentation will be used as a matter of information regarding accommodations and services that may be appropriate and reasonable in the context of the academic and student service environment.

Should UHCL have reason to question the accuracy of any documentation, which I furnish, I understand that the University of Houston-Clear Lake has the right to require me to obtain a second opinion.

Signature

Date