



Office of Accessibility Services
Brother Edmond Drouin Library: Second Floor
2020 East Maple Street North Canton, Ohio 44720
Phone: 330-490-7529
Fax: 330-490-7272 msoduk@walsh.edu

Request for Accommodations Form

Contact Information

Name		Date	
Address Line 1		Walsh 801 ID #	
Address Line 2		Date of Birth	
Phone Number(s)		Email	

Academic Information

First semester enrolled at Walsh		Major	
Previous high school or college(s) attended			
Current Student Level at Walsh	<input type="checkbox"/> Not yet admitted <input type="checkbox"/> Incoming freshman <input type="checkbox"/> Continuing student <input type="checkbox"/> Transfer student <input type="checkbox"/> Graduate student		
Live on campus?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Residence Hall	

Disability-Related Information

Check all that apply to you	<input type="checkbox"/> ADHD	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Cognitive/Learning Disability
	<input type="checkbox"/> Deaf/Hearing Loss	<input type="checkbox"/> Mobility Impairment	<input type="checkbox"/> Neurological Condition	<input type="checkbox"/> Physical Disability
	<input type="checkbox"/> Psychological Disability	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Visual Impairment	
	<input type="checkbox"/> Other _____			
How are you impacted by your disability(ies) in an academic setting?				
Current medication(s) and side effects, if applicable				

Accommodations Request

Academic accommodation requests	
Housing accommodation requests	
Other request(s)	

Student Agreement

<i>I understand that submitting this form does not automatically qualify me for accommodations. I understand that I must submit documentation of my disability that supports this request for accommodations. My signature authorizes Accessibility Services to release information regarding my disability-related needs to appropriate faculty/staff to coordinate accommodations.</i>	
Student Signature	Date

Please submit this completed form, along with current, disability-related documentation to the Director of Academic Support Services, Meredith Soduk, in the Tower Suite, second floor of the Brother Edmond Drouin Library. The form can also be faxed to 330-490-7272 or emailed to msoduk@walsh.edu.