

## REASONABLE ACCOMMODATION REQUEST FORM

**Instructions:** Complete this form and return it to the Academic Affairs Office. You must include along with this request an evidence of the disability (psychological, medical, psychiatric or others). If you don't submit a certification of disability, your request will not be process until we have the all the documentation required.

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|--|---|
| <b>Full Name:</b>                            | <b>Academic Program:</b>                |
| <b>Email:</b>                                | <b>Telephone Number:</b>                |
| <b>Emergency Contact Name and Telephone:</b> | <b>Relationship:</b>                    |
| <input type="checkbox"/> <i>First time</i>   | <input type="checkbox"/> <i>Renewal</i> |

|   |
|---|
| Please describe the condition for which you are requesting an accommodation:  |
| Please describe any limitations resulting from your condition that interfere with your ability to perform your academic task: |
| Have you ever received reasonable accommodation in another institution? If yes, please, provide evidence of them.             |
| Accommodation(s) requested:   |

Do you receive services from Vocational Rehabilitation Administration?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please, provide the following information:

Name of the Counselor: \_\_\_\_\_ Region: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### RELEASE OF INFORMATION

*I hereby authorize Ponce Health Sciences University to seek clarification of this document and the Certification of Disability, if necessary, by contacting my physician, care provider or vocational rehabilitation counselor for the purpose of determining, if I am a qualified individual with a disability and the appropriateness of the requested reasonable accommodation(s).*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date