

WASHINGTON AND LEE UNIVERSITY
Request for Accommodation of Disability

Name: _____

Date: _____ E-Mail Address: _____

School Address: _____ Phone: _____

Home Address: _____ Phone: _____

Describe your disability.

Describe past accommodations granted for your disability:

- a. Did you receive any accommodations in high school or at any other college?
Yes ____ No _____. If yes, please explain and provide a letter from your high school or other undergraduate college on its official letterhead.

- b. Were you granted any accommodations for taking the SAT, ACT, or TOEFL examinations?
Yes ____ No _____. If yes, please specify which test you took and describe the accommodations you were given.

What accommodations are you requesting? (Be specific)

I authorize and request the Associate Dean of the College for Student Academic Support ("Associate Dean") to consider this request for accommodations and copies of all documentation provided in connection with this request and, only as he/she deem(s) necessary for the evaluation of my eligibility/accommodation, to consult with other educational, medical, or psychological professionals, disclosing such information as he/she/they deem(s) relevant for consultation. I consent to the Associate Dean discussing this request and all evaluations and assessments pertinent to my disability with any diagnosing/evaluating professionals.

Requesting Student's Signature _____ Date _____

NOTE: This request cannot be acted upon until you provide sufficient documentation of disability and need for accommodation as required by both the Office of the Dean of the College and University guidelines. Students need to submit a request for accommodation at the start of each academic year, unless the Dean determines otherwise. This request and all supporting documents should be delivered or mailed to the Associate Dean of the College for Student Academic Support, Washington and Lee University, Washington Hall, Lexington, Virginia 24450.