Impact Statement

Use this form to request disability accommodations. This form may be completed alone or with an accessibility services staff member. You may attach additional pages if necessary. In addition to your response, you may also ask others who currently know you or have observed you to submit answers to these questions in a separate document.

Name: _____ Date: _____

Email: _____ Telephone: _____

Program of study: _____ Student ID number: _____

Describe in as much detail as possible the diagnosed condition that is currently impacting and substantially limiting your ability to learn.

Documented disability: _____

_____

_____

Describe in as much detail as possible how the diagnosed condition has impacted and substantially

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____