



The Learning Center (574)372-5100 ext.6423 frenchmc@grace.edu

Disability Accommodation Request Form

A student who requests reasonable accommodations related to a disability must provide information and recent documentation to the Coordinator of Student Disability Services concerning the specific disability or condition, and the desired accommodations as specified by a physician or an appropriate professional.

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O { 'ercuugu'ūv̄ctv̄'k̄'vj g< Fall Spring Summer Year _____ "

NATURE OF DISABILITY

Please provide a brief description of the nature of your disability. Indicate accommodations generally required to assist you in your educational/campus life experience. Please use additional pages, if necessary.

Physical impairment: _____

Accommodations requested: _____

Sensory impairment _____

Accommodations requested: _____

Specific learning disability: _____

Accommodations requested: _____

Other: _____

Accommodations requested: _____

This information is correct to the best of my knowledge.

Student Signature: _____ **Date:** _____

Return completed form and documentation by e-mail or regular mail to:
Christine French
200 Seminary Drive
Winona Lake, IN 46590
Phone: (574)372-5100 ext. 6423
E-mail: frenchmc@grace.edu