

Request for Accommodation

Name: _____ Banner ID#: _____

Birth Date: _____ Cell Phone: _____

Nature of your disability:

Academic Accommodations being requested at East Carolina University:

Housing Accommodations being requested at East Carolina University: (single room requests should include details regarding necessity) **THIS FORM DOES NOT TAKE THE PLACE OF THE HOUSING APPLICATION**

Based on my disability, I am requesting exception to the University Housing fee structure:

_____ yes _____ no

Are you registered with a rehabilitation agency: _____ yes _____ no

Name of agency: _____

Name of counselor: _____

If you have questions regarding proper documentation of your request for accommodation, please contact the Department at (252) 737-1016. Once documentation is received and reviewed, a determination regarding your request for accommodation will be made.

Voluntary Disclosure of Educational Records

The Family Educational Rights and Privacy Act (“FERPA”) provides for the confidentiality of student records. FERPA provides that this documentation is to be kept confidential unless the student consents to the release or a specific exception is applicable. One of these exceptions allows persons within the university with a “legitimate educational interest” to access this information. Therefore, the Department for Disability Support Services may discuss portions of your student record with university employees who have a “legitimate educational interest”. There also may be times when it is beneficial for the Department for Disability Support Services to discuss your needs with persons outside the university.

In order to create a profile regarding the release of information from your records, please check the following as they apply to you:

The Department may discuss my academic status and progress with my

_____ Professors, Counseling Center, Student Health

_____ Mother’s Name: _____

_____ Father’s Name: _____

_____ Guardian’s Name: _____

_____ Doctor’s Name: _____

_____ Case manager (Voc. Rehab., DSB, Veteran, Social Services)

_____ Other’s Name: _____

I understand that I may amend the above disclosure guidelines at any time.

Signature of Student Requesting Services

Date

In accordance with Federal Law, the Department for Disability Support Services is a voter registration site. Individuals wishing to register to vote should request information from a DSS representative.