

## Temporary Disability Accommodations Request Form

The Office of Disability Services will assist students with temporarily disabling conditions (6 mos or less) that are a result of injuries, surgery, or short-term medical conditions who may need accommodations or access to services and resources. Examples of temporary disabilities may include, but are not limited to: broken limbs, hand injuries, concussions, or short term impairments following surgery or medical treatments.

To receive accommodations for a temporary disability, the student must complete and submit this form to the Disability Services Coordinator indicating the type of disability, severity, limitations, prognosis, and estimated duration of the disabling condition. Professional documentation in accordance with Disability Services Policy may be required and should be recent enough to identify current limitations and the estimated time of healing. It is recommended that the student contact or meet with the Disability Services Coordinator as soon as possible to discuss accommodation needs when submitting this form. The Coordinator will advise the student of approved accommodations and will communicate with university personnel as needed to coordinate services.

Name \_\_\_\_\_ Student ID or Birthdate \_\_\_\_\_

Residence Hall Address \_\_\_\_\_

Contact Number \_\_\_\_\_ Classification: Fr. \_\_\_ Soph. \_\_\_ Jr. \_\_\_ Sr. \_\_\_ Grad. \_\_\_

Athletic Team (if applicable) \_\_\_\_\_ Athletic Trainer \_\_\_\_\_

1. What is the nature of the disability you are requesting accommodations for?

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2. In your own words, please describe the current impact and functional limitations of the disability (ie physical and or mental):

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3. What is the duration of your condition and how long do you anticipate needing accommodations:

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4. Accommodations requested at Mars Hill University (check/explain those appropriate to you):

- No stairs/elevator or ground level access housing (if available)
- No stairs/elevator or ground level access classroom (Instructor(s) name: \_\_\_\_\_)
- Friend to pick up cafeteria meals (Name of friend(s): \_\_\_\_\_)
- Academic Accommodations (please describe requested accommodations in space below):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasonable accommodations are determined individually and are intended to minimize the impact of specific limitations caused by a disability in order for a qualified individual to have equal access to programs, services, and activities. Individuals will be contacted via MHU email address regarding their eligibility status.

**INFORMATION EXCHANGE/DISCLOSURE STATEMENT:** If applicable, I give the Office of Disability Services (ODS) permission to consult with infirmary staff or athletic trainer at Mars Hill University in order to assist with the evaluation of my medical documentation. Information will be shared as needed with university personnel in order to receive requested services. I understand that this information will be kept confidential to the extent permitted by law.

Signature \_\_\_\_\_

Date \_\_\_\_\_