

Temporary Disability Accommodations Request Form

The Office of Disability Services assists students with temporary 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 other short term impairments following surgery or medical treatments.

To receive accommodations for a temporary disability, the student must complete and submit this form (deliver or scan/email) as soon as possible 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. The Coordinator will advise the student of approved accommodations and will communicate with university personnel as needed to coordinate services.

Note: Requests for **Temporary Handicap Parking Permits** must be submitted directly to Medical Director along with a physician note stating the need for temporary handicap parking access and the estimated required time frame.

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?

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

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

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):
_____ I would like paper copies of my Academic Accommodation Plan that I will pick up and turn in to my professors.
_____ I would like my Academic Accommodation Plan sent electronically to my current professors and I give permission for these to be sent.

Reasonable accommodations 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 infirmity 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 _____

10/23