



RENEWAL Application for Academic Accommodations 2019 - 2020 Academic Year

Name:		Date:	
Banner ID:		Phone Number:	
SLU Email:		When do you expect to graduate?	
Clinical or medical diagnosis:			

Accommodations requested

_____ I am requesting to continue the current academic accommodations I currently receive from SLU LAW.

List the academic accommodations from the 2018-2019 academic year that you would like to continue in the 2019-2020 academic year:

_____ I have a change in diagnosis and/or my current accommodations are not meeting my needs.

List below how your diagnosis or its impact has changed. Also, please list the academic accommodations you are requesting for the upcoming academic year. The review process usually requires an individual meeting to discuss needs and may require additional documentation prior to assigning accommodations.

Signature (Type initials if sending this electronically.)

Date

Release of Information

I, _____, hereby authorize and request that the SLU LAW Disability Services personnel be able to release and/or obtain all confidential information required in the course of the evaluations and treatments of my disability. *This information is to be solely used for the purpose of providing academic accommodations.* I give Disability Services personnel my permission to speak with the following people on my behalf without my need for additional consent:

By marking the following boxes, I give the Disability Services my permission to speak with the following people on my behalf solely for the purpose of providing and successfully arranging academic accommodations and related support services:

SLU LAW Faculty and SLU LAW Staff

Parents

Healthcare providers (doctors, counselors, psychiatrists, psychologists, etc.)

Service providers (Vocational Rehabilitation, interpreters, etc.)

Other (spouse, guardian, etc.; please specify):

I understand that I may revoke this authorization at any time by informing the above parties in writing, except to the extent that prior action has been taken on it. **This authorization will expire on August 1, 2020.** I will need to renew this release after this date in order to continue receiving accommodation.

In consideration of this authorization, I hereby release the above parties from any legal liability for the exchange of my information.

Student's Signature _____ Date _____

Optional Information:

Throughout the year, information about scholarship and employment opportunities for students with disabilities is sent to the Disability Services Office at the School of Law. Please check this box if you would like this information forwarded to you at your SLU email address.