

Capital University welcomes individuals with disabilities to be an integral part of the university community. Our mission is to coordinate accommodations and support services for qualified individuals with disabilities to ensure equal opportunities and access to University life. The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 require reasonable accommodation and prohibit discrimination with regards to individuals with disabilities. Individuals who wish to receive assistance from the Office of Disability Services (ODS) are responsible for disclosing their disability to the ODS. This completed form must be returned to the ODS, along with the Certificate of Professional Authority and disability documentation. The Disability Services Coordinator will review submitted materials and meet with the individual to discuss reasonable accommodation(s) and support.

**DEMOGRAPHIC INFORMATION:**

Name:	ID Number:
Campus Address:	Home Address:
Preferred Phone Number:	Email Address:
Capital Affiliation (select): <i>Student Employee</i>	Campus (select): <i>Bexley Law Seminary</i>
Accommodation Area (select): <i>Academic Housing Dietary Parking Facilities Other</i>	

**DISABILITY INFORMATION:** Describe the nature of your disability.

What academic or employment functions are you having difficulty performing?

Describe the effect of disability on your academic or employment performance and functioning.

**HISTORY OF ACCOMMODATIONS:** List academic or employment accommodations you have received in the past.

**REQUESTED ACCOMMODATION(S):** Specify the accommodation(s) you are requesting.

**ADDITIONAL INFORMATION:** Please provide any additional information that might be useful in processing your Accommodation Request.

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*I understand that it is my responsibility to request services from the Office of Disability Services (ODS) and ensure that the Certificate of Professional Authority and all necessary supporting documents are properly completed and returned, at least 30 days prior to the desired accommodation start date. I understand that I must provide any additional information or documents required by the ODS. I understand that it is my responsibility to contact the ODS prior to the start of each semester to request an Accommodation Verification letter (specific to students). I give permission for the Office of Disability Services to discuss the implementation of my accommodation(s) with appropriate faculty/staff. I hereby certify that to the best of my knowledge, the information submitted in this Accommodation Request is true and complete.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_