



DISABILITY NOTIFICATION AND ACCOMMODATION REQUEST

Please complete, sign and return this form along with all required medical documentation to American University of Health Sciences (AUHS) via e-mail to StudentAffairs@auhs.edu or by mail to the attention of Disability Services in Student Affairs Office. If you have questions about whether medical documentation is required, please contact Disability Services in the Student Affairs Office. The information you provide on this form, including the medical documentation submitted to substantiate your disability, will be kept confidential by AUHS. This information will only be shared by AUHS's Student Affairs Office with those individuals having a need to know (such as those individuals providing assistance with respect to your disability accommodation), or if otherwise required by law. Your accommodation request will not be processed until all of the required medical documentation is submitted and deemed adequate by AUHS.

Please print or type your responses below. Attach extra pages as necessary.

Name (Last, First) _____ Date _____

Address _____
Address City State Zip Code

Phone _____ E-mail _____

1. What is your disability and description?

2. Attach documentation from a licensed healthcare provider stating what needs to be accommodated to assist you in achieving your educational objectives, including a description of your current impairment, an explanation of your limitation on major life activity (ies) or bodily functions, suggested accommodations, and a statement that explains how your identified functional limitations relate to the suggested accommodations :

3. In accordance with your healthcare provider, what would you suggest as reasonable accommodations?

I hereby certify that the above information is accurate, complete and truthful. Disclosure of false information will result in a penalty up to and including dismissal from the University.

Student Signature _____

Date _____

Be Inspired