

Request for Accommodations Form

Princeton University is committed to providing students with disabilities equal access to its educational opportunities and programs. Princeton's Policy on Disability and Accessibility is implemented in the context of the Americans with Disabilities Act (ADA) of 1990 as amended, Section 504 of the Rehabilitation Act of 1973 (Section 504), and the New Jersey Law Against Discrimination, which prohibit discrimination on the basis of disability. The term "disability" may include learning, physical, sensory, psychological, medical, and certain temporary disabilities. The University provides students with reasonable accommodations in accordance with the ADA/Section 504 and applicable state law. Students with disabilities may request academic accommodations; housing and dining accommodations; modifications to University policies, rules, and regulations; environmental adjustments such as the removal of architectural, communication, or transportation barriers; and auxiliary aids and services. For information on services and requirements, visit the ODS website at <http://ods.princeton.edu/>.

If you have a disability and wish to request an accommodation,
please complete the form below and return to:

Office of Disability Services

Princeton University
33 Frist Campus Center
Room 241
Princeton, NJ 08544

OR

E-mail: ods@princeton.edu

OR

Fax: 609-258-1621

When completing a handwritten registration form, you may use
additional paper to complete your responses, if needed.

All email communications from ODS will be sent to your
PU email address once assigned by the University.



Request for Accommodations Form

E-mail: ods@princeton.edu • Fax: 609-258-1621

Student Information

Name Legal name (if different)

Address

Preferred phone number PU ID (9 digits) Class year

Email address Residential college or graduate school

Enrollment status (choose all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Current undergraduate student | <input type="checkbox"/> Current graduate student | <input type="checkbox"/> Admitted but undecided |
| <input type="checkbox"/> Matriculating undergraduate | <input type="checkbox"/> Matriculating graduate | <input type="checkbox"/> Returning from a leave |

Diagnosed Disabilities

Type of Disability	Specify
ADD/ADHD	<input type="text"/>
Hearing Impairment/Deaf	<input type="text"/>
Learning Disability	<input type="text"/>
Chronic Medical Condition	<input type="text"/>
Physical/Mobility	<input type="text"/>
Psychological	<input type="text"/>
Neurological	<input type="text"/>
Visual Impairment/Blind	<input type="text"/>
Other	<input type="text"/>
Temporary Condition	<input type="text"/>



Functional Impact

How does your disability impact your ability to complete coursework or other program requirements?

How does your disability impact your daily activities outside the classroom?

Treatments and Supports

Please list any medications that you currently take and any side effects that you experience.

Describe any special equipment, assistive technology, mobility aids or auxiliary aids that you use.



Accommodations

High School, College, University Accommodations Previously Approved	Used? (Select one)	Dates Received (mm/yy – mm/yy)
	Yes No Partial	/ – /
	Yes No Partial	/ – /
	Yes No Partial	/ – /
	Yes No Partial	/ – /
	Yes No Partial	/ – /

National Standardized Testing Accommodations	Approved Accommodations	Specify Accommodations
SAT	Yes No N/A	
ACT	Yes No N/A	
GRE	Yes No N/A	
Others	Yes No N/A	



Accommodations

Accommodations Requested (including academic, housing, dining and/or other)	Rationale for Request (use additional paper to complete your responses, if needed)



Temporary Accommodation Requests

If your accommodation requests are temporary, please complete the following:

Date of onset of impairment (MM/DD/YYYY):

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Anticipated duration:

Date of next follow-up medical appointment:

Referrals

Were you referred to ODS by a PU staff or faculty member?

Yes No

If yes, enter the name, title and department.

Documentation

All accommodation requests must be supported by appropriate documentation completed by a qualified professional.

For documentation requirements, please contact ODS or visit:

<https://ods.princeton.edu/student-services/documentation-requirements>

Accommodation requests cannot be considered until appropriate documentation is received by ODS.

Documentation attached?

Yes No



Certification and Permission

Under the Family Educational Rights and Privacy Act (FERPA), the Office of Disability Services (ODS) may share information and communicate with appropriate University personnel on a need-to-know basis in order to facilitate the process of determining accommodation eligibility and/or implementation. In addition, the Office of Disability Services' evaluation may include review of your documentation by an external consultant engaged by the University. In limited circumstances, specific information may be required to be disclosed in order to protect individuals in an emergency or to comply with law and/or University policies and procedures. The information on this form may be used in aggregate form for reporting purposes.

I give permission for the Office of Disability Services staff and/or University professionals assisting ODS to speak with or request information from the treating professional who provided or will provide documentation (if not attached) to support my accommodation request(s) if needed to make an accommodation decision. I understand that this authorization is voluntary.

Yes No

If yes: This authorization will expire 180 days from the date on which I sign below. I understand that I may revoke this authorization at any time by providing written notice to ODS.

Name of professional and contact information:

The Office of Disability Services is not a "confidential resource" (as defined in the University's Sexual Misconduct Policy) and may be required to report to appropriate University personnel situations in which a student expresses intent to harm self or others, and where a student discloses sexual harassment, assault or related violence.

I certify that the information entered on this form is accurate. I understand that my accommodation request(s) cannot be considered until appropriate documentation is submitted. I understand Princeton's use of the information on this form as stated above. If I responded affirmatively above, I am giving permission for my treating professional to be contacted, if necessary, to determine accommodation eligibility. I understand that ODS is not a confidential resource.

I understand that by typing my name below, it is the legal equivalent of my handwritten signature.

Signature:

Date: (mm/dd/yyyy)

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