



WHEELING UNIVERSITY

Accommodations Request Form

Verification/Release Information

I give permission to the staff of the Student Success Center (“SSC”) of Wheeling University (the “University”) to contact my parents and/or legal guardian, my diagnosing healthcare professional(s), and/or prior educational institutions in their attempt to verify my eligibility and need for accommodations.

I understand that my academic, medical, and/or psychological records provided in support of my requests for accommodations, and other records created or received by SSC concerning me, may need to be provided by SSC or will be accessible by other University faculty or staff member involved in assisting me or the University in processing these requests, in implementing accommodations or in compliance with ADA Title III and/or Section 504. Medical information provided to SSC confidential, but information about student supports and accommodations is shared with staff/faculty of the University on a need to know basis.

Student's Printed Name

Student ID#

Student's Signature

Date

Disclosure Information

By completing and signing this intake application, you are voluntarily disclosing a disability and requesting accommodations. You understand that disclosure of your disability at this time does not necessarily confirm your eligibility status for services or accommodations. You also understand that the verification process may take several weeks or longer, depending upon the appropriateness and currency of the documentation you have submitted.

By signing below, you confirm that you have read (or have had read to you) and understand this document.

Student's Printed Name

Date