

Center for Educational Access

Request for Reasonable Academic Accommodations



Current Semester

Fall Semester _____ **Spring Semester** _____ **Summer I** _____ **Summer II** _____

Campus Enrolled

Newport _____ **Marked Tree** _____ **Jonesboro** _____ **Online** _____

Personal Information

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Tdd:** _____

Date of Birth: _____ **Student ID Number:** _____

ASUN Email: _____ **@student.asun.edu**

Employment Information

Place of Employment: _____ **Work Phone:** _____

Employment Hours Planned Per Week While Enrolled: _____ **Hours Working Now:** _____

Parent/Guardian Contact Information

Parent/Guardian Name: _____ **Phone:** _____

Emergency Contact Information

Emergency Contact: _____ **Relationship:** _____

Phone: _____

Rehabilitation Information

Rehabilitation Counselor: _____ **Phone:** _____

About You

State specific disability, how diagnosed, describe problems and symptoms of the condition.

How does your disability affect you during studying, taking exams, participating in class, etc.?

What reasonable academic accommodations are you seeking?

Release of Information

Check below who you give permission to discuss your disability and accommodations.

Instructor(s) Yes No

Tutor(s) Yes No

Academic Support Center(s) Yes No

Student Signature

Date

For Office Use Only	
Date Disability Verified: _____	
Verified by Whom: _____	_____
Name	Title

This form can be mailed, emailed, or presented in person to the following address:

ASU-Newport
7648 Victory Blvd
Newport, AR 72112
Phone: (870) 512-7718
Email: cea@asun.edu