



PART I TO BE COMPLETED BY EVALUATOR

Accessibility and Disability Support – Northwestern State University

PHYSICAL AND MEDICAL DISABILITY DOCUMENTATION REQUEST FORM

Student's Name: _____

Phone Number: _____ Date of Birth: _____

When did/will you start attending NSU? Semester _____ Year: _____

NSU I.D. Number: _____ NSU Email: _____

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from Accessibility and Disability Support (OADS). In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, university policy requires that a **qualified professional** provide current and comprehensive documentation. A qualified professional includes a licensed medical doctor or other qualified healthcare professional **who is not a family member of the student**.

- If it is a **visual disability**, the documentation must include the student's visual acuity (best corrected), a description of the effects of the visual problems, and a recommended font size for text when enlarged text is recommended as an accommodation.
- In addition to completing the form below, an audiogram completed by a licensed audiologist must also be submitted for students who are **deaf or hard of hearing**.

****** This form must contain ALL of the requested information below in order to apply for accommodations through OADS. ******

1. Diagnosis: _____

2. Date of Diagnosis: _____ Date of Last Contact with Student: _____

3. Provide a summary of the student's educational, medical, and family history that relates to the physical or medical disability (must demonstrate difficulties are not the result of other conditions, cultural differences, or insufficient instruction):



4. Describe the student's functional limitations (i.e., current and/or anticipated problems associated with the condition) in an educational setting:

5. List **current medication**, along with any **current side effects** that may impact academic performance:

6. Please indicate below the **RECOMMENDATIONS** you have regarding necessary and appropriate auxiliary aids or services or other accommodations to equalize the student's educational opportunities at NSU as justified based on the functional limitations indicated above.

Qualified Professional's Signature: _____

Printed Name & Title: _____

License or Certification Number: _____

Daytime Telephone Number: _____

Address: _____

Date: _____

Accessibility and Disability Support
Northwestern State University
NSU Box 5251
Natchitoches, LA 71497
Phone: 318-357-4460
Fax: 318-357-5926
Email: OADS@nsula.edu



PART II TO BE COMPLETED BY STUDENT

Accessibility and Disability Support – Northwestern State University

REQUEST FOR ACCOMMODATIONS

Student's Name: _____

Phone Number: _____ Date of Birth: _____

Physical/Mailing Address: _____

When did/will you start attending NSU? Semester _____ Year: _____

NSU I.D. Number: _____ NSU Email: _____

NSU enrollment for which you are requesting accommodations (check below):

NSU (Main Campus) NSU Leesville/Ft. Polk NSU Alexandria NSU Shreveport NSU Online

Dual Enrollment

I am requesting accommodations because I have been diagnosed with one or more of the following disabilities which functionally impairs my ability to perform in an academic environment (check all that apply):

- Attention Deficit Hyperactivity Disorder (ADHD)
- Learning Disability
- Deaf & Hard of Hearing
- Psychological Disability (specify): _____
- Physical or Medical Disability (specify): _____
- Temporary Disability (specify): _____

In the space below, please list and explain the reason for each of the accommodations you are requesting.

Signature of Student: _____ **Date:** _____

***Please note: OADS strongly recommends maintaining copies of any submitted documentation for personal records.**



CONSENT TO RELEASE

I, _____ (*student/incoming student*), understand that the information contained in my record is confidential. However, I give my consent for

Office of Accessibility and Disability Support

to release to _____ (*parent, guardian, other*)

the following specific information: **DISABILITY AND ACADEMIC**

The above-listed information is to be disclosed for the specific purpose of

ACCOMMODATIONS and UNIVERSITY SUPPORTS.

This consent is subject to written revocation OR cancellation signature at any time except to the extent that action has already been taken upon this consent. All releases are done on roughly an annual basis regardless of any date changes to the form with all releases expiring at the end of the upcoming academic year.

Signature of Student/Client

NSU ID#

Date

Be sure to list a date if you desire to cancel consent to release information to the specified person(s) above. If you would like for information to continue being released to the above listed person(s) you do not need to sign or select a date to cancel the consent to release.

Date

Signature of Student/Client

**STATE OF LOUISIANA
VOTER REGISTRATION AGENCIES
DECLARATION FORM**

If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Check one)

I want to register to vote.

I do not want to register to vote.

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applying to register or declining to register to vote **will not** affect the amount of assistance that you will be provided by this agency. Voter eligibility requirements are found on the voter registration application form.

Note: If you do register to vote, the location where your application was submitted will remain confidential. If you decline to register to vote, this fact will remain confidential. Applying to register or declining to register to vote will be used **only** for voter registration purposes.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. (Check one)

Yes, I would like help.

No, I do not want help.

For assistance in completing the voter registration application form outside our office, contact NSU Office of Accessibility and Disability Support at 318-357-4406.

If completed outside our office, this declaration form and your completed voter registration application form (if you filled one out) should be returned to Office of Accessibility and Disability Support located in 234 Friedman Student Union or may be mailed to NSU Box 5251 Natchitoches, LA 71497.

Signature or Mark	Name Typed or Printed	Date
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Signatures of Two Witnesses If Signed With Mark:

1) _____ 2) _____

COMPLAINTS

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Louisiana Secretary of State, Commissioner of Elections, P.O. Box 94125, Baton Rouge, LA 70804-9125 or by calling (225)922-0900 or 1-800-883-2805.

Comments/Remarks (for official use only):