

# REQUEST FOR SERVICES/ACCOMMODATIONS

			DATE: _____
<b>Mr/Ms</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>M.I.</b>
<b>Date of Birth</b> /    /		<b>CNU Student ID #</b>	
<b>Cell Phone #</b> (____) _____		<b>CNU Email</b> _____@cnu.edu	
<b>HOME CONTACT INFO: Address (Street, City, Zip), Phone, Email</b>			

**My signature below indicates that**

- (1) I understand that the information included in this document will be treated as confidential information and will be released only to those who have a need to know;
- (2) The information below has been provided by me voluntarily;
- (3) I have read and understand my rights and responsibilities; and
- (4) I will abide by CNU's Honor Code, Code of Academic Work, and the Student Code of Conduct.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

1. Identify the disability or disabilities for which you are requesting service(s) or accommodation(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ {Attach additional page if necessary}

2. Indicate the degree of complication or interference you experience as a result of the disability  
 \_\_\_ Non-interfering; \_\_\_ slight; \_\_\_ mild; \_\_\_ moderate; \_\_\_ severe; \_\_\_ extreme;  
 \_\_\_ Temporary condition (lasting one to six weeks)

3. Please identify the professional person/agency who identified/evaluated the disability for which you are seeking accommodation or services:

**Name** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Address** \_\_\_\_\_

(Street) (City) (State) (Zip code)

**Date of most recent evaluation** \_\_\_\_\_ **NOTE:** Policy requires that the documentation of a disability should be no more than three years old at the time it is submitted to the University.

4. Please indicate the accommodation(s) or service(s) which you are requesting to help you succeed with your academic responsibilities or other college activities:

\_\_\_\_\_ {Attach additional page if necessary}

**Please return completed form to:**  
 Christopher Newport University  
*Ms. Emily Gross, Disability Support Services Coordinator*  
 1 University Place, McMurrin Annex 101, Newport News, VA 23606  
 Office Phone Number: (757) 594-8852  
 Office Fax Number: (757) 594-7465