

LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Request for Special Accommodation Due to Disability

First Name: _____ Last Name: _____

LECOM Program: _____

Address: _____

Phone #s: _____ Email: _____

Please identify the disability for which you are requesting accommodations:

Describe functional limitations you experience or the impact this has on academic function resulting in need for the accommodations requested:

Specify and describe the accommodations requested:

I have received accommodation(s) in a similar situation. YES _____ NO _____

If yes, please list the name and address of each institution that has granted an accommodation, the dates of accommodation, the contact information for the institution's disability office or equivalent, and the accommodation(s) received from each.

Please attach documentation of the prior accommodations.

I, as a LECOM student requesting special accommodation(s), hereby authorize any person, company, facility, or institution which has provided information or documentation in support of my request for special accommodation(s) and any institution which has previously provided me with an accommodation, to consult with, to make written reports to, and to release information including, but not limited to, medical and/or testing records to representatives of Lake Erie College of Osteopathic Medicine (LECOM).

Signature _____ Date _____

FOR INSTITUTIONAL USE ONLY:

Date of action letter to student: _____