INITIAL REQUEST FOR DISABILITY ACCOMMODATION FORM A (to be completed by student)



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This Form A must be completed by the student and returned to the Registrar. The Initial Request will not be considered complete until relevant supporting documents (Forms B—F) have been submitted and the student has met with the Committee representatives. It is the student's responsibility to complete the Initial Request completely and truthfully, and in a timely manner. **Student Information:**

1.					
	First Name	Middle Initial/Name	Last Name	Date of Birth	
2.					
Local Address (Street address/city/state/zip)					
3.	Telephone # (

last revised: Aug. 19, 2021

4. Academic Year for which you are requesting accommodation:
5. Please provide a general statement of your specific impairment(s). If known, please include the medical diagnosis for your impairment(s). (Example: ADHD, blind, hearing impaired, etc.)
6. Please describe the functional limitations related to your disability that directly affect your ability to complete the law school program without accommodation(s). This should include, at a minimum, a description of how your disability affects your classroom work and/or your test-taking ability.
7. When did you first acquire the disability? (approximate date or age)
8. When was your disability first diagnosed by a qualified professional? (approximate date or age) a. By whom? Please include name, specialty/title, address, and telephone number.
9. Is a treatment currently prescribed for your impairment? If so, please describe.

post-secondary a. If so, p accommaccommaccommaccomm	viously been granted any act institution (undergraduated lease describe the type of a modations were granted. From the modations (Example: lett modation, IEP, etc.)	e studies or graduate stud accommodations and the Please also attach docume	disability for which the entation of that
•	st an accommodation for a o, please complete the follo	owing.	
TEST	Accommodations Requested?	Accommodations Granted?	If so, describe the accommodation.
PSAT	1		
SAT			
ACT			
GRE			
LSAT			
Other			
•	had a request for accomm please explain.	odations denied?	
you are seekin	the testing or classroom acg additional time on testing the justification for that an	g, please specify the amo	•
SUPPORTING DOCU	THIS REQUEST IS NOT UMENTATION HAS BEEN TEE REPRESENTATIVES	SUBMITTED AND THE	E STUDENT HAS MET

By signing this Form, I acknowledge that I have read and I understand the Accommodations Policy, that I must notify the Registrar of any changes in my disability or need for accommodation,

Appendix E	
and that all representations I have made are true and accurate.	e regarding my disability and my need for accommodation
Student's signature	 Date