INITIAL REQUEST FOR DISABILITY ACCOMMODATION



FORM A

(to be completed by student)

1169 Edgewater Drive, Grundy, Virginia 24614. Tel: 276-244-1291

Email: cfox@asl.edu

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			
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2.							
	Local Address (Street address/city/state/zip)						
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2	TD 1 1 1/	`					
3.	i eiepnone # ()					

last revised: July 25, 2024

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, pl accomm	iously been granted any act institution (undergraduat ease describe the type of a nodations were granted. In additions. (Example: letter)	e studies or graduate studies or graduate studies and the Please also attach documents.	dies)? disability for which the entation of that
	nodation, IEP, etc.)	,	
•	at an accommodation for a please complete the follow	9	undergraduate or graduate
TEST	Accommodations Requested?	Accommodations Granted?	If so, describe the accommodation.
PSAT	1		
SAT			
ACT			
GRE			
LSAT			
Other			
=	had a request for accommolease explain.	nodations denied?	
you are seeking	the testing or classroom as additional time on testing the justification for that an	g, please specify the amo	ou believe are necessary. If punt of additional time
<u>IMPORTAN'</u>	T NOTE: THIS REQUE	ST IS NOT COMPLET	E UNTIL THE

IMPORTANT NOTE: THIS REQUEST IS NOT COMPLETE UNTIL THE
APPROPRIATE SUPPORTING DOCUMENTATION HAS BEEN SUBMITTED AND THE
STUDENT HAS MET WITH THE COMMITTEE REPRESENTATIVES. ONE OR MORE
OF FORMS B—F MUST BE SUBMITTED.

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,

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Appendix E		
and that all representations I have made reare true and accurate.	garding my disability and my need for accommo	odation
Student's signature	 Date	