

# INITIAL REQUEST FOR DISABILITY ACCOMMODATION



## APPALACHIAN SCHOOL OF LAW

### FORM A

**(to be completed by student)**

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

Email: [cfox@asl.edu](mailto: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
2. \_\_\_\_\_  
Local Address (Street address/city/state/zip)
3. Telephone # (\_\_\_\_)\_\_\_\_-\_\_\_\_\_



10. Have you previously been granted any accommodations at any secondary (high school) or post-secondary institution (undergraduate studies or graduate studies)? \_\_\_\_\_

a. If so, please describe the type of accommodations and the disability for which the accommodations were granted. Please also attach documentation of that accommodations. (Example: letter from school, notice of award of accommodation, IEP, etc.)

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11. Did you request an accommodation for any admissions test to an undergraduate or graduate program? If so, please complete the following.

TEST	Accommodations Requested?	Accommodations Granted?	If so, describe the accommodation.
PSAT			
SAT			
ACT			
GRE			
LSAT			
Other _____			

12. Have you ever had a request for accommodations denied? \_\_\_\_\_

a. If yes, please explain.

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13. Please explain the testing or classroom accommodation(s) that you believe are necessary. If you are seeking additional time on testing, please specify the amount of additional time requested and the justification for that amount of time.

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**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,

Appendix E

and that all representations I have made regarding my disability and my need for accommodation are true and accurate.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date