



## Self-Disclosure and Accommodation Request Form

Please complete, sign and return this form along with all required documentation to Jones International University's (JIU) Office of Disability Services via email, fax or mail to the address set forth below. Your accommodation request will not be processed until all of the required documentation is submitted and deemed adequate by JIU. The information you provide on this form, including the documentation submitted to substantiate your disability, will only be shared by JIU's Office of Disability Services with those individuals having a need to know (such as those individuals providing assistance with respect to your accommodation service), or if otherwise required by law. Information on this form will not become part of your academic record. Please attach extra pages as necessary.

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Area of Study: \_\_\_\_\_ Student Support Counselor: \_\_\_\_\_

Are you currently registered or enrolled in courses?  Yes  No

If you checked yes, what courses are you registered or enrolled in?

\_\_\_\_\_

Have you ever participated or attended an online course or program? \_\_\_\_\_

Are you receiving services from any of these agencies?

Social Services \_\_\_\_\_  Rehabilitation Services (Voc. Rehab.)

Other \_\_\_\_\_

Please describe the nature of your disability: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How does your disability impact your learning process? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What accommodations are you requesting?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby request the Office of Disability Services (ODS) at Jones International University (JIU) to hold the confidential information on this form, any records I have provided and other information I may share with a Disability Services staff member. I also authorize the ODS associates to share information from these records with other JIU staff members or associates on a need-to-know basis, if there is a legitimate reason to do so, to assist in the provision of appropriate services, or if otherwise required by law. I understand that these records are necessary for determination of accommodation services and for statistical reporting and funding purposes.

I hereby certify that the above information stated above is accurate, complete and truthful.

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Please return this form to:**

Office of Disability Services • Jones International University  
9697 E. Mineral Ave., Centennial, CO 80112  
Fax: 303-784-8667 • Phone: 303-784-8368 • Email: disabilities@international.edu