



Accommodations Renewal Request Form
Accessibility Services for Students

- A. I understand that it is my responsibility to voluntarily and confidentially disclose information regarding the nature and extent of my disability to the Department of Accessibility Services to assure consideration for reasonable accommodations.
- B. I understand that I am registering with Accessibility Services at Grand View University and that I may be eligible for reasonable accommodations.
- C. I understand that I am responsible for reviewing the Grand View Guide for Students with Disabilities to learn procedures and responsibilities of individuals with disabilities.
- D. I understand that I can request assistance from the Department of Accessibility Services when making an accommodation request and that I must make accommodation requests in a timely manner.
- E. I understand that I can file an appeal if I am denied reasonable and appropriate accommodations or if mutually acceptable accommodations cannot be established by the Department of Accessibility Services. The appeal process can be found in the Grand View Guide for Students with Disabilities.
- F. I understand that I will not be eligible for services if I do not provide documentation/verification of a diagnosed disability by a licensed professional, do not have a diagnosed disability, or do not follow the policies and procedures found in the Grand View Guide for Students with Disabilities.
- G. I understand that if I request accommodations(s), the Department of Accessibility Services may need to consult with other Grand View University personnel. I give my permission/consent to the release of information relevant to my disability to be shared with appropriate personnel on a need to know basis to facilitate such requests.

Student Contact Information:

Name _____ GV Student I.D. # _____

Has your address, phone number, or GV email changed? Yes ___ No ___

If yes, include updated information below:

Current Address _____ Town/State/Zip _____

Telephone _____ GV email _____

Student Academic Information:

I am presently enrolled at GV: Yes ___ No ___ Major: _____

My class standing is: Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate ___

This form applies to: Fall (yr.) _____ or Spring (yr.) _____

Accommodations Renewal Information:

1. Are you requesting a renewal of accommodations for the upcoming semester? If no, please sign this form and return it to Accessibility Services. Yes ____ No ____
2. Did your condition(s) or symptoms change during the previous semester? Yes ____ No ____
If yes, use the space below to explain how your condition(s) or symptoms changed during the previous semester.
3. Are you requesting any changes to accommodations for the upcoming semester? Yes ____ No ____
If yes, use the space below to indicate which changes are being requested for the upcoming semester. For example, *I need a note taker and no longer need flexible attendance.*

Release of Information:

4. Does Accessibility Services have permission to discuss your file with your parents, guardians, etc.? Yes ____ No ____ *If yes, please list name(s) (first & last) and relationship (mom, brother, partner, etc.) below:

I have read and agree with the terms of the Disclosure and Registration Agreement for Grand View University Students with Disabilities:

Student Signature _____ **Date** _____

Please return the completed and signed form to:

Department of Accessibility Services

Grand View University
1200 Grandview Avenue
Des Moines, IA 50316
Email: accessibilityservices@grandview.edu
Phone: 515-263-2971
Fax: 515-263-6192