



# ARIZONA CHRISTIAN UNIVERSITY

## Accommodation Request and Documentation Form

*Students requesting accommodations are required to submit this completed form to the Academic Advising Office. All information is confidential and kept in locked file cabinets. Your name and the nature of your disability will not be released without your written permission. Documentation information is not part of your academic transcript.*

**Requesting Reasonable Accommodations at ACU:** Arizona Christian University complies with the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 and Americans with Disabilities Amendments Act of 2008. We are committed to providing an equal opportunity educational experience for our students. Reasonable access accommodations will be granted to students who qualify. ACU prohibits discrimination on the basis of disability.

Students who believe they require accommodations, even on a temporary basis, are required to make their requests in writing using the *Accommodation Request and Documentation Form* and document their disability. ACU may not be able to satisfy requests which are not made in a timely manner. Generally, disclosures and requests for accommodations must be made no later than four (4) weeks prior to the anticipated need. Accommodations are not retroactive. Please allow adequate time for evaluating documentation and arranging accommodations.

Requirements for documentation at ACU are based on Association on Higher Education and Disability (AHEAD) Best Practices. Documentation of the disability must be current (not older than one year) and provided by a qualified health care professional such as a diagnosing or current physician, psychiatrist or psychologist. It must comply with the requirements for documentation outlined on the Accommodation Request and Documentation Form. A high school IEP is not considered acceptable documentation. ACU reserves the right to verify all professional documentation and determine reasonable accommodation for any disability, including learning disability. Please note that all costs associated with obtaining and providing the required professional documentation are borne by the student.

The Academic Advising Office will provide the student with a written Accommodation Agreement Memorandum for the student to sign. Students who wish to appeal the decision or who have concerns about their accommodations should contact the Academic Advising Office. Formal complaints are reviewed in keeping with ACU policies as described in the Catalog and Student Handbook.

### **Disability documentation must include the following:**

1. A specific diagnosis or description of the disability from a qualified health care professional such as a diagnosing or current physician, psychiatrist or psychologist. This must be current (not older than one year). A high school IEP is not considered acceptable documentation.
2. Description of all current functional limitations due to the disability on the student's ability to meet class requirements or participate in other ACU activities.
3. A complete description of suggested accommodations that your qualified health care professional feels might assist in the educational environment.

*All documentation must be signed, dated and on the official letterhead of your qualified health care professional. Incomplete or inadequate documentation will be returned.*



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## PERSONAL INFORMATION

|                       |               |                    |                                       |
|-----------------------|---------------|--------------------|---------------------------------------|
| <b>Last Name:</b>     |               | <b>First Name:</b> |                                       |
| <b>Address:</b>       |               |                    | <b>Home Phone:</b>                    |
| <b>City:</b>          | <b>State:</b> | <b>Zip:</b>        | <b>Cell Phone:</b>                    |
| <b>Email address:</b> |               |                    | <b>Social Security Number:</b><br>- - |

Specific diagnosis or description of the disability (Required documentation is attached):

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Specific accommodations requested (Required documentation is attached):

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Verification of information: By signing this form, I am acknowledging that I am requesting accommodation(s) as a result of a documented disability. Further, I acknowledge that I am providing the required professional documentation by a licensed physician or other professional health care provider who is qualified in the diagnosis of the specific disability I claim. I understand that misrepresentation or fraud with regard to any of these documents or your *Accommodation Request and Documentation Form* will be considered grounds for dismissal from ACU.

**Student Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

Return completed form to:

Brenda Spear, Director of Academic Services  
Arizona Christian University  
2625 E. Cactus Rd.  
Phoenix, AZ 85032  
Email: [Brenda.spear@arizonachristian.edu](mailto:Brenda.spear@arizonachristian.edu)