

THIS FORM IS TO BE COMPLETED BY THE INDIVIDUAL MAKING THE REQUEST

Name: _____ Campus: _____ Program: _____

Telephone: _____ E-mail: _____

Please identify the nature of your physical and/or mental impairment(s) for which you are requesting accommodation(s):

Please describe how the absence of accommodations for physical and/or mental impairment(s) could affect your ability to satisfy Ogle's academic and practical requirements:

Please identify the accommodation(s) you are requesting:

Verification of Need: You may be asked to provide medical documentation substantiating your physical and/or mental impairment(s) and/or the need for the requested accommodation(s), including but not limited to when the limitation or impairment is not readily apparent and/or a requested accommodation does not clearly relate to your impairment(s). The medical documentation should be current (less than 3 years old) and be from a certified or licensed medical professional trained in the field of your disability (see the Disability Accommodation & Grievance Policy located in the Catalog and on Ogle's website for more information). Any information you provide will be kept confidential and used solely to determine that the accommodation is needed.

Providing the Accommodation: We will provide a written response within 14 days of receiving your completed Request for Reasonable Accommodation(s) form and any supporting documentation. If you do not agree with the decision, you may appeal the decision through the grievance procedure within the Disability Accommodation & Grievance Policy (see the student handbook for more information).

Submitting this Form: Once you have fully completed this form, submit it to the Compliance Coordinator via email at: rjames@ogleschool.edu or mail to Ogle School Management, LLC, 2208 W. Park Row Dr., #100, Arlington, TX 76013

Requesting Individual's Signature

Date

CONFIDENTIAL