

# Disability and Accommodation Request

Form 08.01.DOC1 (May 2020)



Accommodation requests must be submitted using this form prior to enrollment. Requestor must complete Personal Information section and sign. Requestor must obtain official documentation verifying disability, signed by a licensed physician, and submit with this form for consideration. Please use additional pages to provide information if necessary.

Requests should be submitted to the CCMS Academic Chair by email, mail, or in person:

**Email to:** [academics@ccms.edu](mailto:academics@ccms.edu) **Mail to:** CCMS Attn: Academic Chair, 645 W North Bend Rd, Cinti, Ohio 45224

## **PERSONAL INFORMATION: To be completed by Requestor.**

Requestor's Printed Name: \_\_\_\_\_

Your Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Student Status:  Prospective Student  Accepted Student  Enrolled Student

Briefly share specifics about your disability and the resulting limitations (use additional page if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

Provide specific details of accommodation(s) you are requesting to best help you succeed as a student:  
\_\_\_\_\_  
\_\_\_\_\_

I hereby request reasonable accommodation(s) for my disability. I grant permission to the Academic Chair and other authorized administrators as necessary to participate in the determination of eligibility process to review pertinent information provided and discuss the matter with me and my health professional(s). If accommodations are not clearly identified in a diagnostic report, the Academic Chair may seek external professional clarification.

Reasonable accommodation(s) eligibility is determined on an individualized basis using information provided by the Requestor. It is the responsibility of the Requestor to provide complete and accurate information regarding their disability, limitation(s), and requested accommodation(s). I attest that the information provided is accurate and valid.

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VERIFICATION OF DISABILITY:** Requestor must provide current documentation (i.e., medical, educational, diagnostic reports) from licensed physicians, psychologists, or other qualified professionals as well as supporting historical records and materials, including, current functional limitation(s) and any recommendation(s) of appropriate accommodation, verifying the disability for which an accommodation is requested in accordance with Cincinnati College of Mortuary Science Disability and Accommodation Policy 08.01. Diagnosis documentation should be on official letterhead, signed, and include your name and thorough information regarding diagnosis, limitations, suggested accommodation recommendation(s), and any supporting medical documentation to assist college officials with a determination of eligibility for accommodation in a classroom setting or clinical/technical setting specific to funeral service and embalming.

**PRIVACY STATEMENT:** CCMS is committed to protecting the confidentiality of student records in our possession. We retain student records in compliance with both state and federal law, in particular with the Family Education Right and Privacy Act (FERPA).

Internal Use Only – Do Not Write in This Section – Official Use by Academic Chair			
Date Received (form 08.01.DOC1 Disability and Accommodation Request)		Eligibility:	<input type="checkbox"/> Approved <input type="checkbox"/> Non-Approved
Date Requestor Notified (form 08.01.DOC2 Determination of Eligibility)		A.C. Signature: _____	
Student Record - Original Accommodation Request, including physician's statement with addendums, and Determination of Eligibility becomes part of Requestor's permanent record. <input type="checkbox"/> Electronic upload to Populi Activity Feed <input type="checkbox"/> Original Request placed in Student Record			