



STARR KING

SCHOOL FOR THE MINISTRY

Students with a Disability: Request for Accommodation

Starr King School for the Ministry strives to ensure that all eligible students with disabilities have equal access to educational opportunities. Accommodations are not intended to give students with disabilities an unfair advantage, but to remove barriers that prevent students with disabilities from learning and from demonstrating what they have learned. Appropriately, reasonable accommodations are accorded students with a documented disability which results in a substantial impairment of a major life function.

Complete and submit this form if you believe you have a disability that qualifies you for academic accommodations. In addition to this form, include official written documentation from a professional who has the credentials and expertise to diagnosis your disability. The documentation should include: present state of the disability, its impingement or limitation on a major life activity, relevance to the educational setting, and, if possible, suggested accommodations.

Name: _____ Degree Program: _____ Date: _____

Phone: _____ Email: _____

Information about substantial disability-related limitations and how they relate to educational opportunities:

Accommodations that you found useful in the past:

Equipment, devices or technology that you own and would like to utilize within the educational environment:

Accommodations you are requesting:

Permission to Release Documentation

I will be submitting written documentation from the following medical professional(s) who has/have the credentials and expertise to diagnosis my disability in support of my request for reasonable and appropriate accommodations and authorize release of disability related information (including the written documentation and the Request for Accommodation form) to Starr King School for the Ministry and, as necessary, the Students with Disabilities Program (DSP) at the University of California, Berkeley*

Professional 1:

Name: _____ Credentials: _____
Address: _____ Phone: _____

Professional 2:

Name: _____ Credentials: _____
Address: _____ Phone: _____

I understand that the information released to SKSM and, as necessary, the DSP, may be shared with employees from the institutions to help assess my eligibility, if appropriate, recommend possible accommodations and coordinate efforts to provide accommodations. I understand that the SKSM requires documentation that establishes eligibility prior to receiving accommodations. This release will serve for the duration of my enrollment unless otherwise requested.

Student Signature: _____ Date: _____

Registrar Signature: _____ Date: _____

* UCB upon request provides assistance to GTU member schools in assessing students' documentation and in determining what accommodations might be appropriate.

Students must save the completed form as a PDF with the name as Term.DisabilityServiceRegistrationForm.Your first and last name. Then, email the form to registrar@sksm.edu, and Cc your advisor. The office of the registrar will obtain the necessary SKSM signatures after the completed PDF form is received. If you require assistance filling out this form due to your disability please contact the Registrar registrar@sksm.edu