

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, please provide documentation that substantiates the disability diagnosis. 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: _____ Program: _____

Phone: _____ Email: _____ Date: _____

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 or may require for the educational environment:

Accommodations you are requesting:

Form of Documentation

- ☐ Statement by a Qualified Medical Professional
- ☐ Submission of Previous Medical or Educational Records
- ☐ Self-Report (Interview to be Scheduled with DRO)

If submitting a statement by a medical professional, please provide the following information:

Professional's Name: _____

Title/Credentials: _____

Address: _____

Phone: _____ Email: _____

Permission to Release Documentation

I will be providing documentation of my disability in support of my request for reasonable and appropriate accommodations. I authorize the release of disability related information (including written documentation and the Request for Accommodation form) to Starr King School for the Ministry.

I understand that the information released to SKSM may be shared with employees from the institution to help assess my eligibility, 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.

Signature: _____ Date: _____

Please submit this form to the Disability Resource Officer:

Rev. Dr. Christopher Schelin

Dean of Students

cschelin@sksm.edu

510-902-3991