



# Reasonable Accommodations Questionnaire

To be completed by all applicants who request reasonable accommodations.

Note: the applicant is responsible for completeness and accuracy of the information provided. If you are requesting a reasonable accommodation, please complete this form and return it to the Disability Coordinator

### APPLICANT

Mr.  Miss  Ms.  Mrs.  Rev.  Dr.  Male  Female

Full Name \_\_\_\_\_ Student ID \_\_\_\_\_  
First Middle Last

### TYPE OF DISABILITY

Nature of Your Disability (check all that apply)

- Blind
- Visually impaired
- Hearing Impaired
- Other Physical Disability
- Psychological disability
- Specific learning disability
- Other

Please describe the nature and extent of your disability \_\_\_\_\_

How long have you had your disability? \_\_\_\_\_

Past Accommodations Granted  Yes  No

If Yes, please describe the accommodations you were given during your previous educational experiences \_\_\_\_\_

*I certify that all the information on this form and that the attached hereto (if applicable) is true and correct to the best of my knowledge and belief. I understand that this information may be reviewed by a physician or licensed professional retained by Western Seminary to assist in determining reasonable accommodations.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:  
Western Seminary  
ATTN: Michelle Workman  
5511 SE Hawthorne Blvd  
Portland, OR 97215-3367  
(503) 517-1801 fax  
mworkman@westernseminary.edu