

RADFORD UNIVERSITY

Center for Accessibility Services

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Radford, VA 24142

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Phone: 540.831.6350

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Request for Accommodations Form

To request academic accommodations, complete all sections below. Visit the Registrar's website to obtain information required.

Name: _____

Date: _____ **Radford ID#:** _____

- ☐ **If requesting PRIORITY REGISTRATION ONLY, check here.** Do not check this box if requesting academic accommodations.

Class schedule changes require a new form to be submitted. Contact your assigned Disability Services Specialist with questions.

Which campus site attending:

- ☐ Roanoke Higher Ed Center ☐ Radford Campus ☐ Other: _____

Semester in which accommodations are being requested:

- ☐ Fall ☐ Wintermester ☐ Spring ☐ Maymester
☐ Summer 1 ☐ Summer 2 ☐ Summer 3 ☐ Augustmester

Course Name	Section Number	Location	Professor

In the event of a campus emergency, do you:

- ☐ have a mobility concern that would require an emergency responder to assist?
☐ need an emergency responder for medical transport to a hospital to receive time sensitive medications for a current medical condition?

If changes are needed or students are unsure, contact a Disability Services Specialist.

Signature: _____