

Covenant College
Disability Accommodation Application

Name _____ Banner ID _____

Address _____

City _____ State _____ Zip _____

Home/campus phone _____ Cell phone _____

Date of birth _____

Email if no Covenant Account _____

What is your disability and any functional limitations? _____

What medications are you currently taking? _____

What accommodations have you previously received? _____

What accommodations are you requesting at Covenant? _____

Completion of this application does not ensure accommodations. Accommodations are based on review of documentation specific for each disability and its impact and functional limitations. Documentation must include specific diagnosis, description of the functional limitations that may affect academic performance, rating of severity, recommendation for accommodations and medications currently used and must be from a physician, psychologist, rehabilitation counselor, or social worker who is qualified to assess the disability and is not related to the student. By signing this application, you are granting permission to contact the author of documents submitted recommending accommodations.

Signature _____ *Date* _____

Please send the application and required documentation to:

Covenant College Office of Records
14049 Scenic Highway
Lookout Mountain, GA 30750
Phone 706-419-1134 Fax 706-419-1179

Records\Master\Forms\Disability Accommodation Application 07-2007