



CARDINAL
STRITCH
UNIVERSITY

Accessibility Services Request Form

Student Number _____ Date of Birth _____ Age _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone (Home) () _____ (Cell) () _____

E-mail _____ Major _____

Current Class Standing: Freshman Sophomore Junior Senior Graduate

Campus: Main Campus Student Online Student Extended Campuses

What is your accessibility challenge? (Please check all that apply)

- Deaf/Hard of Hearing
- Learning Disability
- Health Impairment
- Speech Impairment
- Other (Please specify) _____
- Blind/Visually Impaired
- ADD/ADHD
- Mobility Impaired
- Psychological Impairment

Describe how your challenge affects your performance as a student:

What academic accommodations are you **currently** requesting?

You may be required to submit your most recent psychological and/or medical evaluation, complete with all test results and a diagnosis, along with this completed form.

Direct questions to, or simply submit this form via fax, e-mail or mail to:

Michael Schade, Accessibility Services Coordinator
Cardinal Stritch University, 1058 Bonaventure Hall
6801 North Yates Road
Milwaukee, Wisconsin 53217

Phone: 414-410-4828
Fax: 414-410-4637
Email: meschade@stitch.edu

Consent of Requesting Party

I have read the documentation requirements supplied by the Academic Support Center and I understand and agree to supply the requested documentation in order to verify my service request. The information contained in this form is true and accurate to the best of my knowledge.

Student's Signature

Date

I also grant permission to have my documentation reviewed by a licensed professional for my academic needs and current request for accommodations.

Student's Signature

Date