



## Student Access Services

Marymount University  
2807 North Glebe Road  
Rowley 1004  
Arlington, VA 22207

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### ACCOMMODATION REQUEST REGISTRATION PACKET

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This registration packet serves as the Student Access Services (SAS) registration form for students with documented and diagnosed disabilities to complete and submit to begin the process to have the student's reasonable accommodation request reviewed by the SAS office. Please be advised this registration packet must be fully completed and accompanied by appropriate clinical documentation by the student's licensed provider. *Please be advised this process must be initiated by the student and SAS is unable to review a student's accommodation request until both the Accommodation Request Registration Pack and appropriate clinical documentation are completed and are received by SAS.*

The SAS office requests documentation of a diagnosed disability for the purpose of demonstrating that a student is covered under the Americans with Disabilities Act Amendments Act of 2008 and the Rehabilitation Act of 1973. These laws define a disability as a physical, learning and/or mental health impairment that substantially limits one or more major life activities.

The documentation requested by SAS establishes a student's disability status, aids in understanding how the disability may impact a student, and provides adequate information on the functional impact of the disability so that effective reasonable accommodations can be identified.

Please be advised that reasonable accommodations are individually determined and may vary from student to student. Appropriate clinical documentation submitted to SAS supporting a student's request for reasonable accommodations must indicate that the student's disability substantially limits one or more major life activities.

The clinical documentation should reflect functional limitations that are currently impacting the student as determined by the appropriate professional who is qualified to evaluate or treat the functional impact of the disability and render conclusions about the need for accommodations. The clinical documentation should at minimum include the following:

- Diagnosis of physical, learning and/or mental health disability/impairment
- Severity level of the diagnosed disability/impairment and how it impairs the student
- Frequency of the diagnosed disability/impairment and how often it affects the student
- Impacted areas at Marymount that affect the student's functioning based on their disability/impairment

Please be advised SAS reserves the right to determine whether submitted documentation supports the need for reasonable accommodations based on the functional impact of the disability in the college/academic environment.

Students who should submit this form are:

- Prospective students during the Admissions process seeking accommodation request reviews
- Admitted students who will be attending Marymount University seeking accommodation request reviews
- Currently enrolled students already diagnosed with a disability seeking accommodation request reviews
- Current students with a temporary injury seeking accommodation request reviews



**I. STUDENT DEMOGRAPHIC INFORMATION**

First Name:	Last Name:	Date of Birth:
Sex (assigned at birth):	Gender Identity/Pronouns:	MU ID#:

**II. STUDENT ACADEMIC INFORMATION**

STUDENT STATUS (Check All That Apply)	CLASS STATUS (Check All That Apply)	ACADEMIC DEGREE/MAJOR
Prospective    Undergraduate    Online	Freshman    Non-Degree	Please type your major/field of study: (Enter "Undeclared" if unsure)
Admitted    Graduate    In-Person	Sophomore    Summer Bridge	
Enrolled    Doctoral    Hybrid	Junior    Dual-Enrollment	Please select your College name  Business, Innovation, Leadership & Technology  Health & Education  Sciences & Humanities
Transfer	Senior	
<b>ADDITIONAL INFORMATION</b> (Check All That Apply) I am an International Student I am a Student Athlete I am _____		
		I am Active-Duty I am a Reservist I am a Military Veteran

**III. STUDENT CONTACT INFORMATION**

Marymount Student Email (if assigned):	Alternate Email (Please only list student email; not parent/guardian):
Home Phone Number	Cell Phone Number
Home Street Address	City                      State                      Zip Code
Marymount Housing Status Commuter    Resident    Other _____	<b>Marymount Residence Hall</b> (ONLY select if living on campus)  Rowley Hall                      Lee Ostapenko Hall Butler Hall                      Gerard Phelan Hall Berg Hall                      Ballston Campus Apartments Other: _____



**IV. DISABILITY INFORMATION**

<p><b>Specify your Disability Category</b> (Check All That Apply)</p> <ul style="list-style-type: none"> <li>Attention Deficit Disorder</li> <li>Autism Spectrum Disorder</li> <li>Blind-Low Vision</li> <li>Chronic Illness</li> <li>Deaf and Hard of Hearing</li> <li>Intellectual/Developmental Disability</li> <li>Learning Disability</li> <li>Mobility Impairment</li> <li>Orthopedic Impairment</li> <li>Psychiatric/Emotional Impairment</li> <li>Speech Disorder</li> <li>Temporary Injury</li> <li>Traumatic Brain Injury</li> <li>Other: _____</li> <li>Other: _____</li> </ul>	<p><b>Diagnosis/Provider Information</b></p> <p>List the official name(s)/diagnosis(es) you are seeking an accommodation request to be reviewed for:</p> <p>Date of your diagnosis(es):</p> <p>List the name(s) of your licensed provider(s) of who completed your submitted clinical documentation:</p> <p>Dates of clinical documentation: (i.e. Month/Year)</p>	<p><b>Select the Types of Clinical Documentation Being Provided</b> (Check All That Apply)</p> <ul style="list-style-type: none"> <li>Letter from Licensed Treatment Provider (Select Provider Type) <ul style="list-style-type: none"> <li>Physical Health</li> <li>Mental Health</li> </ul> </li> <li>Medical Assessment/Evaluation</li> <li>Neuropsychological Evaluation</li> <li>Psychological Evaluation</li> <li>Psycho-Educational Testing</li> <li>Other: _____</li> <li>Other: _____</li> </ul> <p>Select the types of supplemental documentation being provided: (Check All That Apply)</p> <ul style="list-style-type: none"> <li>IEP and/or 504 Plan</li> <li>Previous University or College Accommodation Letter</li> </ul>
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**V. STUDENT NARRATIVE STATEMENT**

The purpose of this section is to serve as a supplement to the disability documentation you submit by way of self-report. In this section, you are prompted to describe the limitations you experience and how those limitations impact your academic performance/participation in Marymount's programs/campus and outside the classroom. This information helps us better understand your reason(s) for requesting accommodations at Marymount. Should you need more room to complete this section, please feel free to attach/include an addendum document to your SAS Registration Packet.

List the specific name(s) of your documented disability or impairments that are diagnosed in your clinical documentation.

List the specific academic difficulties you experience related to your diagnosed disability (i.e. reading, writing, concentration, memory, time management, note-taking etc.) that may impact your ability to complete your coursework program requirements. Please describe your academic performance at Marymount University thus far or from your most recent school (i.e. high school, other post-secondary institution)



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### V. STUDENT NARRATIVE STATEMENT (continued from previous page)

Provide any information about your program that you feel is important and relevant to your accommodation request.

How does your disability affect you in your everyday life, daily activities, getting around campus, social interactions, outside the classroom?

How have accommodations been helpful to you in the past? If you are requesting accommodations for the first time, please describe the reason(s) accommodations were not needed previously.

How long does your condition's symptoms impact you? (i.e. daily, weekly, monthly, annually etc.) Does your condition change over time? Is your condition cyclical or static in nature?

Please list any additional information that was not asked that you believe will be important for Student Access Services to understand during your accommodation request review.



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### VI: ACCOMMODATION REQUEST(S)

Please specify the accommodations you are requesting. SAS will consider your request in light of your disability as described in your SAS registration appropriate packet, supporting clinical documentation, and other information provided to Disability Services, as well as the requirements of your specific academic program.

Academic/Classroom Accommodation Request(s):

Campus Accommodation Request(s): (includes housing and dining/meal plan)

Communication/Technology Accommodation Request(s):

Testing/Exam Accommodation Request(s):

Other Accommodation Request(s):



Reminder: It may generally take up to 1-2 weeks to review your requests, once the SAS Registration Packet and appropriate clinical documentation are received. We are unable to review your requests until both are received. Should you have questions about completing this registration packet or the SAS review process email [Access@marymount.edu](mailto:Access@marymount.edu).

I, the undersigned, hereby affirm that I have carefully read, comprehended, and agreed to the terms and information set forth in this completed registration packet. I further confirm that all information provided to me within this document is accurate and truthful to the best of my knowledge and belief.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



**RELEASE OF INFORMATION (ROI) CONSENT FORM**

**STUDENT INFORMATION**

First Name:	Last Name:	Date of Birth:
MU ID:	MU Email:	Phone:

I, the undersigned, understand that the staff from the Student Access Services (SAS) Office at Marymount University will have access to clinical documentation and disability records that I submit for my accommodation request and access to other academic records at Marymount. I further understand that in order to meet my educational needs and accommodation request(s), it may be necessary for SAS to contact other campus departments and individuals on an as-needed basis. I authorize the professional exchange of accommodation request(s) and disability related information for purposes of planning and providing quality services between SAS staff and the following on campus offices (check all that apply):

- |   |  |
|---|--|
| Academic Advising                                   | Student Accounts   |
| Academic Coaching                                   | Student Counseling Services  |
| Athletics Department                                | Student Engagement   |
| Center for Career Development                       | Student Health Services  |
| Dining Services                                     | Residential Life and Housing Office<br>(For Housing and Dining Accommodations) |
| Faculty, Staff and Administrators                   | Title IV Office  |
| Financial Aid                                       | Wellness, Prevention and Education Office                                      |
| Information Technology Services (ITS)               | Other:   |
| International Students and Scholars Services (ISSS) | Other:   |
| Peer Tutoring                                       | Other:   |

I, the undersigned, authorize the Student Access Services (SAS) Office the ability to discuss and professionally exchange information regarding my accommodation request(s) with the following parties listed below.

Parent(s)/ Legal Guardian:	Contact Information:
Medical Provider:	Contact Information:
Mental Health Provider:	Contact Information:
Other:	Contact Information:
Other:	Contact Information:

I, the undersigned, hereby affirm that I have carefully read, comprehended, and agreed to the terms and information set forth in this completed Release of Information Consent Form. I further confirm that all information provided by me within this document is accurate and truthful to the best of my knowledge and belief.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date