

Please PRINT

Date: _____ **LR ID#:** _____

Name: _____ **Date of Birth:** _____
First Middle Last

Address: _____

City/State/Zip: _____

Phone #: _____ **E-Mail:** _____

Name/s of Parent or Guardian: _____

Disability(ies): TBI

ADD/ADHD	Psychological/Emotional Impairment
Autism Spectrum Disorder	PTSD
Blind	Speech./Language Impairment
Chronic Health Impairment	TBI

LR Campus: _____ Hickory _____ Asheville _____ Columbia, SC

Do you or have you previously had an IEP/504 Plan? _____ Yes _____ No

ACCOMMODATIONS:

Please list any academic accommodations or support services that you have received in the past: _____

Please list any academic accommodations or support services that you would like to request here at Lenoir-Rhyne University: _____

In your own words, please describe the current impact and limitations of your disability:
