



**LECOM**

LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

**Request for Special Accommodation Due to Disability**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

LECOM Program and Campus: \_\_\_\_\_

LECOM ID Number and Class of, if assigned: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone numbers: \_\_\_\_\_ Email: \_\_\_\_\_

**Please fill out every section and sign and date this form.** *Attach additional sheets if needed and include full name and student ID number/Class of (if assigned) on each attached sheet.*

Identify the disability for which you are requesting accommodation(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe functional limitations you experience or the impact this has on academic function resulting in the need for the accommodation(s) requested. Find the Health and Technical Standards for the LECOM programs at <https://lecom.edu/admissions/student-policies/health-technical-standards/>

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify and describe the accommodation(s) requested:

\_\_\_\_\_

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I have received accommodation(s) in a similar situation. YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list the name and address of each institution that has granted an accommodation, the dates of accommodation, the contact information for the institution's disability office or equivalent, and the accommodation(s) received from each.

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Please attach documentation of the prior accommodation(s).

I, as a LECOM student requesting special accommodation(s), hereby authorize any person, company, facility, or institution which has provided information or documentation in support of my request for special accommodation(s) and any institution which has previously provided me with an accommodation, to consult with, to make written reports to, and to release information including, but not limited to, medical and/or testing records to representatives of Lake Erie College of Osteopathic Medicine (LECOM).

Signature \_\_\_\_\_ Date \_\_\_\_\_

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FOR INSTITUTIONAL USE ONLY:

Date of action letter to student: \_\_\_\_\_