



WESTERN
ILLINOIS
UNIVERSITY

For Office Use Only
Date Received: _____

**DISABILITY RESOURCE CENTER (DRC)
REQUEST FOR SERVICES FORM**

NOTE: *This form should be completed by the student requesting accommodations.* It is important for you to complete this form and return it to DRC, 143 Memorial Hall, 1 University Circle, Macomb, IL 61455 or by fax at 309-298-2361 **with** supporting disability documentation well in advance of the semester during which you will require services. Alternate formats of this form are available upon request.

CONTACT INFORMATION

NAME _____ DATE _____

WIU LOCAL ADDRESS _____

CITY/STATE/ZIP _____

LOCAL PHONE _____ CELL PHONE _____

WIU EMAIL ADDRESS _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____

STUDENT IDENTIFICATION INFORMATION

WIU STUDENT ID _____

FEMALE MALE DATE OF BIRTH _____

Please continue to the next page.

STUDENT STATUS

Please indicate which of the following best describes your student status.

PROSPECTIVE FRESHMAN for FALL SPRING SU of 20_____

PROSPECTIVE TRANSFER for FALL SPRING SU of 20_____

CURRENT WIU STUDENT. Please Check One. FRESHMAN SOPHOMORE

MAJOR _____ JUNIOR SENIOR

DISABILITY INFORMATION

DIAGNOSIS(ES): _____

BRIEFLY DESCRIBE ANY CURRENT OR ANTICIPATED BARRIERS TO YOUR FULL PARTICIPATION AT WIU:

PLEASE LIST ACCOMMODATIONS YOU ARE SEEKING IN THE FOLLOWING SETTINGS:

CLASSROOM _____

TESTING _____

ON CAMPUS HOUSING & DINING _____

OTHER _____

NOTE: Information provided on this form will help DRC work with you to determine appropriate academic adjustments and auxiliary aids and services. Your signature on this form indicates your desire to pursue services through the Disability Resource Center and allows DRC initiate a review of the requested adjustments.

STUDENT SIGNATURE _____

DATE _____