DREXEL UNIVERSITY
Office of
Disability Resources

Employee Request for Accommodations Form

Today's Date: _____ University ID: _____

Name: _____ Phone Number: _____

Position or Title: _____

Department or School: _____

Immediate Supervisor: _____

Supervisor's Phone Number: _____

Drexel Email Address: _____

Personal Email Address: _____

Address at which you would like to receive correspondence from the Office of Disability Resources:

Street: _____ City: _____

State: _____ Zip Code: _____

Country:_____

Is this the first time you are requesting accommodations through the Office of Disability Resources?

Yes No Unsure

If you answered "No" or "Unsure," please detail any new accommodation requests you may have and/or any new condition (s) you may be presenting at this time:

Please check all of the physical locations of the academic program or activity for which you are seeking accommodations for:

- ☐ Main Campus (not including Earle Mack School of Law)
- ☐ Earle Mack School of Law
- ☐ Center City Hahnemann Campus
- ☐ Queen Lane Campus
- ☐ Burlington County College Campus
- ☐ Sacramento Campus
- ☐ Distance Learner
- ☐ Other (please specify): _____

Is this condition temporary or permanent?

- ○ Permanent
- ○ Temporary
- ○ Unsure

If this condition is temporary, please indicate the expected time for recovery:

How would you classify your condition(s) or impairment(s)? Select all that apply:

- ☐ Attention Deficit Hyperactivity Disorder
- ☐ Learning Disability
- ☐ Hearing Impairment
- ☐ Autism Spectrum Disorder
- ☐ Psychiatric Impairment
- ☐ Physical/Mobility Impairment
- ☐ Chronic Health Condition
- ☐ Visual Impairment
- ☐ Other (please specify): _____

Please specify any accommodation(s) being requested: