

\_\_\_\_ Initial  
\_\_\_\_ Renewal

**Self-Identification as a Person With Disability(ies)/Application for Accommodation**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name Phone Relationship

Are you in high school? \_\_\_\_ If so, which high school do you attend? \_\_\_\_\_

Vocational Rehabilitation Counselor \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Washburn Tech Program \_\_\_\_\_ Advisor \_\_\_\_\_

Washburn Tech Instructors  
\_\_\_\_\_

I attend or will attend Washburn Tech during the Fall Semester 20 \_\_\_\_ Spring Semester 20 \_\_\_\_

Disability/Disabilities \_\_\_\_\_

Limitations to learning because of the disability/disabilities \_\_\_\_\_  
\_\_\_\_\_

Accommodations helpful in mediating limitations to learning \_\_\_\_\_  
\_\_\_\_\_

I wish to self-identify as a person with the above listed disability/disabilities. I understand I must provide current information documenting my diagnosis (3 years or less) and current limitations necessitating any desired accommodations. Once eligibility has been established, **it may take up to 8 weeks** for accommodations to be fully arranged. I agree to discuss implementation of accommodations with faculty and request the faculty member's signature on the *Accommodations Confirmation Sheet* that I will get from and return to the Campus Advocate. I understand the importance of collaborative communication among the Campus Advocate, Student Services staff, faculty and me in the process of establishing services to support my success at Washburn Tech.

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

Return form to Washburn Institute of Technology's Campus Advocate , 5724 SW Huntoon Street, Topeka, KS 66604, or drop off to Office Suite AC117, or by email [shelley.bearman@washburn.edu](mailto:shelley.bearman@washburn.edu). For questions call 785-670-3364.