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## DISABILITY SERVICES

Soka University of America, Aliso Viejo ♦ 1 University Drive ♦ Aliso Viejo, CA 92656 ♦ 949-480-4018

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Dear Student,

Thank you for contacting our office. Before we can begin to review your application for accommodations, you must submit the Request for Services form to the Student Services Office. In addition to the Request for Services form, you will also need to submit documentation that establishes your disability and supports your need for particular accommodations.

The documentation process almost always requires you to provide specific documentation from qualified professionals who can address your impairments and the impact they have on your life activities. The sooner you provide the requested information, the sooner we can process your application. Please note that we make every effort to respond to your request within 15 business days once you have provided all of the documentation.

We'd like to remind you that we are not free to discuss your application with anyone other than yourself unless you provide us with written consent to do so. This includes your parents, so please sign the Release of Information form if you would like us to be able to speak with a member of your family or anyone else about your request and our decision. The form can be found in our website. (<http://www.soka.edu/files/documents/academics/student-forms-center/reg-ferpa-release.pdf>)

You are welcome to contact me if you have questions about the application process or the services we provide.

Sincerely,

Brian Durick  
Director of Student Services  
Tel: (949) 480-4018

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## DISABILITY SERVICES REQUEST FOR SERVICES

**This form is to be completed by the student requesting services.** Information provided in this request will be treated as confidential information. Even if you are submitting additional documentation along with the request, it is important you respond to all the questions as best you can.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Name & Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

1. What is the nature of the impairments for which you are requesting services? Check all that apply.

\_\_\_\_\_ Learning Disability

\_\_\_\_\_ ADD or ADHD

\_\_\_\_\_ Hearing Impairment

\_\_\_\_\_ Visual Impairment

\_\_\_\_\_ Physical Limitation

\_\_\_\_\_ Psychiatric Disorder

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_

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2. Please briefly describe your current impairment and any relevant diagnoses.

3. When were you first diagnosed with the condition you consider disabling? If there is more than one condition, please list them separately.

4. Describe how your impairment/s impact/s your functioning.

5. What accommodations are you requesting at SUA?

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6. Describe in detail the accommodations you have received in the past, including the nature of the accommodation/s, the names of providing institutions, and the dates provided.

7. When, where, and by whom were you most recently evaluated/treated for the condition/s that cause your impairment? Please indicate the title and credential of the evaluating professional.

Thank you for your cooperation. A review of your documentation relating to your request will not commence until this form and all supporting documentation has been received. We do not review materials until your file is complete. **PLEASE DO NOT SEND ORIGINAL COPIES OF DOCUMENTATION. WE DO NOT RETURN MATERIALS ONCE SUBMITTED.**

By signing below, you are initiating your request to be established as a student with a disability in accordance with federal and state regulations.

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Signature

Date