



Disability Identification & Application Form

Full Name:

Student ID:

Gender:

Program:

Contact Information

Address:

Phone:

Email:

Preferred Contact Method (check one)

Phone___ Email___

Do you have a diagnosed and documented disability? Explain. (Attach any medical documents, if applicable.)

Include specific information about your disability, including the accommodations you are seeking.

Email this completed form to OUI_student.services@olivetuniversity.edu . The Office of Student Services will follow up with you via your preferred contact method after reviewing your needs/requests within 15 days.

Come and hear, all you who fear God; let me tell you what he has done for me. [Psalm 66:16]