Antioch College
Accommodation Application

Personal Information

1. Accommodation Start Term*: ______________________
   
   *Note: Select when you would like to start your services.

2. Expected Graduation Term: ______________________

3. First Name: _______________________________________

4. Last Name: ________________________________________

5. Middle Name: ______________________________________

6. Optional: Preferred Name:
   ____________________________________________________

7. Birth Date: _______________________________

8. Gender Pronouns: _____________________________

Contact Information

1. Phone Number: _________________________________

2. Antioch Email Address: ____________________________
Local Address
1. Address*: __________________________________________________
2. City*: __________________________
3. State*: __________________________
4. Zipcode*: _______________________

Permanent Address
1. Address: __________________________
2. City: __________________________
3. State: __________________________
4. Zipcode: _______________________

Additional Information
1. Intended Major: __________________________
2. Ethnicity(ies) (Select all that apply):
   ___ American Indian/Alaskan Native
   ___ Asian
   ___ Black or African-American
   ___ Hispanic or Latino
   ___ Native Hawaiian or Pacific Islander
   ___ White
   ___ Other: __________________________
Questions

1. Where did you attend high school? Please provide name of school and location.
   
   Institution: ____________________________________________
   
   Location: ________________________________________________

2. In high school, did you have any of the following? (Check all that apply.) If you had any of these in high school, please send our office the most recent copy.
   
   ___ IEP
   ___ 504 Plan
   ___ ETR
   ___ MFE

   Additional Note or Comment:

Have you ever attended another college or university? If yes, please list institution name and location.

___ Yes     Institution:___________________________________________

   Location: ________________________________________________

___ No

Additional Note or Comment:
Did you receive accommodations from your previous institution(s)? If yes, please submit a letter from your previous institution(s) describing the accommodations you received.
___ Yes
___ No

Additional Note or Comment:

Admission to Antioch College is separate from applying for services from our office. Have you applied to the college for admission? (Current students at Antioch, leave blank)
___ Yes
___ No

Additional Note or Comment:

3. What is the nature of your disability? Please choose all that apply to you:
___ ADD/ADHD
___ Aspergers/Autism Spectrum Disorder
___ Deaf or Hard of Hearing
___ Learning Disability
___ Other Health Impaired
___ Physical Disability
___ Psychological/Mental Health
4. Using your own words, please describe your disability(ies) and how it affects your ability to function in an academic setting:

5. If applicable, please list any adaptive/computer technologies that you will be requesting or using:

6. Please list any additional academic accommodations and services you are requesting:
7. I understand that in order to finalize my eligibility Disability services/accommodations, I am responsible for submitting documentation of my disability(ies) prior to receiving accommodations and participating in my pre-service interview. I also understand that the application for Disability Services is independent from my application for admission to Antioch College.

___ Yes
___ No

Signature: ___________________________ Date: ________________

Additional Note or Comment: