



Special Accommodation Request

Reach University
1221 Preservation Park Way
Suite 100
Oakland, CA 94612

Reach University (Reach) treats all information about disabilities and medical conditions as confidential and will not share it, except in cases required by law or as necessary for processing this request or with the written consent of the candidate.

SECTION A. Candidate Request (To be completed by the candidate)

Candidate Legal Name (Last, Middle, First:	
Email Address:	Phone:
Term (Fall or Spring):	
Year:	

Please state the nature of your diagnosis/disability.

What accommodations have you received in your past educational endeavors? (Explain in detail)

Name of school, college/university from which you received accommodations.

What accommodations are being requested? (Provide a detailed description)



Have you submitted all documentation from your previous educational institution and your qualified doctor or disability specialist?

- Yes
- No

If you answered 'yes,' please indicate any attachments.

Physician/Medical Professional who can confirm diagnosis/disability requiring accommodation

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Physician/Medical Professional Name

Physician/Medical Professional Contact Information

Business Address:	City/Town:
Province/State:	Country & Postal Code:
Email:	Phone:

May we contact this person?

- Yes
- No

May we discuss your accommodation request with your parent/legal guardian? (if candidate is a minor):

- Yes
- No

Candidate Signature:

Date:

Parent or Legal Guardian Signature (if candidate is a minor):

Date:



SECTION B. Reach Accommodation (To be completed by Reach staff)

Based upon the information provided, Reach will:

- Provide the accommodations as requested.
- Not provide the accommodations as requested.
- Provide modified accommodations.

Description of modified accommodations (if applicable)

Reach Staff Signature

Date

SECTION C. Accommodation Confirmation (To be completed by the candidate)

Having read and understood the accommodation(s) proposed above, I, the candidate hereby:

- Accept the accommodations, as described above.
- Do not accept the accommodations as described above.

Candidate Signature

Date