

Admission Disability Accommodation Request Form (ADARF)



FOR ADMISSIONS ACCOMMODATIONS ONLY

Services for Students with Disabilities

1400 East Hanna Avenue
Schwitzer #206
Indianapolis, Indiana 46227-3697
(317) 788-6153 Fax: (317) 788-6117

Today's Date: _____

Student Full Name: _____

Student Identification Number: _____

Planned Enrollment: Semester _____ Year _____ Undecided _____

Disability: _____

Requested *Admission Accommodations*: *Accommodations may include: building access, modified admission application format, TDD/TTY machine, interpreter, and assistance completing admission applications*

Permanent Address: _____

Local Telephone: _____

E-mail Address: _____

Vocational Rehabilitation Counselor (if applicable):

Name: _____

City: _____ State: _____

Telephone: _____

Return this completed Form to Paula Hyde in Schwitzer Center 206.