



## Application for Accommodations

In order to begin the process to receive accommodations based on a disability each student must submit the following paperwork (Additional paperwork may be required):

1. A signed and dated copy of this form.
2. A signed and dated copy of the Release and Medical Information form.
3. Documentation of disability consistent with the requirements outlined in the attached handout entitled "Disability Documentation Requirements."

I am requesting accommodations at New Mexico Highlands University because I have a disability as defined by the Americans with Disabilities Act (ADA) and/or Section 504 of the Vocational Rehabilitation Act and/or the ADA Amendment Act of 2008.

I understand that it is my responsibility to follow the procedures of the Student Success Office and supply all the necessary paperwork to document the presence of my disability.

I understand that no accommodations will be made until all documentation has been received by Student Success Services and accommodations have been approved.

I understand that professors are not required to supply accommodations retroactively.

I understand that no accommodations will be made until all documentations have been received by Student Success office.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form along with your release form and your disability documentation to Accessibility Services.

Physical Location: Felix Martinez Building, Suite 130, Room 134  
Las Vegas, NM 87701

Mailing address: Student Success Office  
NMHU PO BOX 9000  
Las Vegas, NM 87701  
Phone (505) 454-3252  
[desquibel@nmhu.edu](mailto:desquibel@nmhu.edu)

## Accommodations Student In-Take Form

Student Success Office  
Felix Martinez Building Suite 130, Room 134  
(505) 454-3252

Name(print) \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_ Banner # \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone Number \_\_\_\_\_

I am requesting accommodations at New Mexico Highlands University because I believe that I have a disability, as defined by the Americans with Disabilities Act (ADA) and/or Section 504 of the Vocational Rehabilitation Act and/or the ADA Amendments Act of 2008. By signing this form I am aware of the following policy and procedures of NMHU and that these must be followed for me to receive an accommodation.

No accommodations will be provided until I have turned in all necessary documentation, as determined by Accessibility Services.

The *Documentation of Disability Form* must be filled out completely before any accommodations can be made.

I acknowledge that additional documentation may be required on a case-by-case basis in order for Accessibility Services to appropriately evaluate my request for accommodations. I agree to provide this documentation in a timely manner. I further understand that NMHU may require that I be examined by a health services provider of its choice, at its expense, before providing the accommodation.

I understand that, if I have a disability but am otherwise qualified to participate as a student at NMHU, as those terms are defined under the ADA and/or Section 504 of the Vocational Rehabilitation Act and/or the ADA Amendment Act of 2008, NMHU is required to provide me with a reasonable accommodation of my disability, but not necessarily the accommodation that I request.

I need to submit a class schedule from the Registrar's office before the University's add/drop deadline for each semester after my request for accommodations has been approved if I wish to receive accommodations for that semester.

I have the right that all my information be treated in confidential manners by the university. I am responsible for informing my professors of the accommodation approved for me if I want the professors to be aware of it. Accessibility Services will not automatically do so on my behalf.

If I have any disagreement with a decision by Accessibility Services, I can appeal that decision to the Director, Student Success Center. .

If I have a disability related problem on campus, I can contact the Student Success Center for assistance.

**New Mexico Highlands University**  
**Release of Medical Information**

\_\_\_\_\_  
\_\_\_\_\_  
Student Name

\_\_\_\_\_  
\_\_\_\_\_  
Banner ID Number

\_\_\_\_\_  
Contact Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City      State      Zip

\_\_\_\_\_  
E-mail

I hereby authorize \_\_\_\_\_ to release clinical documentation of my disability to New Mexico Highlands University. By signing this form I understand that once my application for services has been processed I may be required to provide additional documentation on changes in my medical condition. I certify under penalty of NMHU disciplinary action that I have not misrepresented my condition either to New Mexico Highlands University or to my medical professional.

I understand that New Mexico Highlands University has no obligation to provide services until all qualifying documentation is received and approved by Accessibility Services. By signing this form, I hereby authorize NMHU to verify, discuss, transmit or release the contents of my clinical documentation. This information will be treated following guidelines consistent with the requirements of the Family Education Rights and Privacy Act (FERPA) to which the university adheres.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

# New Mexico Highlands University Disability Documentation Requirements

STUDENTS PLEASE READ THIS LETTER COMPLETELY

In order to receive academic accommodations during your attendance at New Mexico Highlands University you must supply appropriate clinical documentation of your disability. In evaluating your documentation, Highlands has adopted standards utilized by Association of Higher Education and Disability (AHEAD) member institutions. Failure to supply appropriate medical documentation will result in your application for services be denied. Please note that high school IEP's alone are never sufficient to document a disability.

All students must submit the attached Medical Certification form, completed by an appropriate and qualified health care services provider.

For students with **Learning Disabilities**, the Medical Certification form must be accompanied by a full diagnostic evaluation completed by a licensed neuro-psychologist or psychologist trained in the assessment of learning disabilities. This evaluation must have occurred within the last three years and must clearly state that (a) a learning disability exists, (b) the nature of the learning disability, (c) the test utilized to diagnosis the learning disability and (d) accommodations required.

For students with **psychological, emotional, and psychiatric disabilities**, the Medical Certification form must be accompanied by an evaluation by a licensed psychologist or psychiatrist based on the current DSM manual. The evaluation must have occurred within the last year and clearly indicate (a) the DSM code for disability (b) the severity and length of the disability, (c) the current course of the treatment, (d) any medication prescribed, and (e) accommodations required.

For students with **physical disabilities**, a diagnosis from the current ICD from a physician is required. For students with **audio disabilities**, this form must be accompanied by a current audiogram from an ENT or Audiologist.

**MEDICAL CERTIFICATION**

Student/Patient Name \_\_\_\_\_

1. Date Condition Commenced: \_\_\_\_\_

2. Probable Duration of Condition: \_\_\_\_\_

3. Does this condition **substantially limit** the employee/patient in any major life activity(ies)? If yes, please indicate and describe limitation:

\_\_\_ walking \_\_\_\_\_

\_\_\_ sitting \_\_\_\_\_

\_\_\_ speaking \_\_\_\_\_

\_\_\_ breathing \_\_\_\_\_

\_\_\_ performing manual tasks \_\_\_\_\_

\_\_\_ seeing \_\_\_\_\_

\_\_\_ hearing \_\_\_\_\_

\_\_\_ learning \_\_\_\_\_

\_\_\_ caring for himself/herself \_\_\_\_\_

\_\_\_ problems with major bodily functions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ concentrating or thinking \_\_\_\_\_

\_\_\_ working (describe effect of condition on ability to work in general) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ other (describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. In your opinion, is the Student's condition temporary or permanent:

Permanent \_\_\_\_\_

Temporary \_\_\_\_\_ For how long? \_\_\_\_\_

5. When did you last see the student for this condition? \_\_\_ / \_\_\_ / \_\_\_

Is the student currently under your care? Yes No

6. Is student otherwise qualified to participate in his/her academic program, i.e. can he or she meet the same academic or behavioral standards as others, with or without a reasonable accommodation?

\_\_\_ NO

\_\_\_ YES

If YES, please describe: \_\_\_\_\_  
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7. If the answer to #6 above is YES, please describe any accommodations that can be made to enable student to participate in his or her academic program. Common accommodations in a university setting include providing a note-taker or interpreter; providing special seating arrangements; allowing extra time for assignments or exams; allowing some tardiness or absences in certain circumstances; providing large print or Braille books; but there may be other accommodations that are also reasonable.

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8. In your opinion, does the student pose a significant risk to the health or safety of himself or herself or of others at the University? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer to # 8 above is Yes, please state whether this risk can be eliminated through accommodation(s), if any (including medication) and describe the accommodation(s).

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\_\_\_\_\_

*I hereby certify that the information provided above is true and correct to the best of my knowledge.*

*Return Completed form to:*

New Mexico Highlands University  
Accessibility Services  
Las Vegas, New Mexico 87701  
Fax:505-426-2037

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Practitioner's signature and date

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Name (print) and Specialty

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Business Address

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City                      State                      Zip

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Phone # and E-mail