



# PATH SUCCESS

## Application for Disability Accommodation

**General information:**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

ID # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Address: \_\_\_\_\_  
(Box) (E-mail) (Phone)

In Case of Emergency, notify: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

**Disability Information: (Confidential)**

List disabilities: \_\_\_\_\_

The effect of this disability on your learning process: \_\_\_\_\_

List medications currently prescribed: \_\_\_\_\_

Attending Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional relevant information: \_\_\_\_\_

**The OKWU PATH Success Office will require written documentation of the disability before services are considered.**

List accommodations/services being requested: \_\_\_\_\_

**I authorize OKWU's PATH Success to release information concerning me to OKWU personnel on a need-to-know basis only.**

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

\_\_\_\_\_  
Date