

University Of Michigan
Reasonable Accommodation Request Form for Graduate Students
CONFIDENTIAL

This form should be used by graduate students who believe they have a disability and wish to request a non-academic accommodation under the Americans with Disabilities Act (ADA) or other applicable State and Federal civil rights laws. By considering this request, the University does not consider or regard the person as having a disability as defined by the Americans with Disabilities Act, or any other state or federal applicable law.

The purpose of this form is to assist the University in determining whether, or to what extent, a reasonable accommodation is appropriate for a qualified graduate student. This form must be filed separately from the student's department academic or employment file and is a confidential document.

Please complete this request form and return it to the Rackham Graduate Student Disabilities Services office or to the administrative contact of the appointing unit. You are not required to disclose to your immediate faculty supervisor/mentor the medical basis for a requested accommodation. The University requests that you provide documentation to support your accommodation request, as necessary. It is your responsibility to see that your health care provider returns the "Health Care Information Release Authorization" to Rackham Graduate School.

Graduate students making informal requests directly to appointing unit contacts (immediate faculty supervisor or appointing unit faculty and/or staff) do not need to complete this form. In the event a graduate student makes a request to appointing unit contacts that is denied, the student may formally pursue a request for a disability accommodation by completing and submitting this form.

To be completed by a graduate student requesting an accommodation.

Section 1: Graduate Student Information

First Name

Middle Name

Last Name

University of Michigan Identification Number

E-mail Address

Local Phone Number

Mobile Phone Number

Local Address

City

State

Zip Code

Home Address (if different from local address)

City

State

Zip Code

What is the nature of your impairment? (check all that apply)

Learning

Visual

Mobility

Other

Chronic Health

Hearing

Mental Health

Class Level (please select one)

GR (Master's, professional school, etc.) GR-Ph.D.

School or college within the University of Michigan

Program or Department

Do you want to be on the Services for Students with Disabilities e-mail list?

Yes No

Have you previously registered with Services for Students with Disabilities (SSD)?

Yes No

Section 2: Accommodation Request Information Related to Your Appointment or Employment

Appointment Title or Classification

- GSI GSSA GSRA Temp Hourly

Explain how your impairment affects your ability to perform in your appointment.

List the accommodations you are requesting in order to perform in your appointment (attach additional pages if necessary).

Medical Verification of Impairment (check the appropriate box)

- I have enclosed the applicable medical documents with this request.
- The disability and the need for a reasonable accommodation is observable and no medical documentation is needed.

Explain

- I have already provided Services for Students with Disabilities (SSD) with medical documents relating to my impairment(s) and agree with the below release of information statement.

Release of Information (please read)

Services for Students with Disabilities (SSD) is bound by law and University policy to protect the privacy of each student. Unless required by law, SSD cannot reveal student's names or any other information about them. In the course of work with each student, however, it is sometimes helpful to discuss his or her situation with an instructor, Office of Institutional Equity (OIE) representative, Rackham Disability Coordinator, rehabilitation counselor, medical specialist, or other professional.

Therefore, insofar as SSD agrees to respect my privacy, I give my permission to SSD to refer to my name or other information about me, but only for the purpose of providing services to me. I further understand that this permission supersedes any request for confidentiality indicated on my Verified Individualized Services and Accommodation Form.

I understand that the University of Michigan will be evaluating my request for a reasonable accommodation under the Americans with Disabilities Act of 1990, and all other applicable State and Federal laws. I understand that all information obtained during this process will be maintained and used in accordance with the ADA, including its confidentiality requirements.

Your Signature

Date

Send a copy of this completed document, along with all associated documents to:

University of Michigan
Darlene Ray-Johnson, Rackham Accessibility Facilitator
Rackham Graduate School, Suite 1100
915 E. Washington St.
Ann Arbor, MI 48109-1070
Phone: (734) 936-1647
Fax: (734) 763-2447 (fax)
E-mail: rayj@umich.edu