



University of Findlay

Office of Accommodation
& Inclusion

TEMPORARY CONDITIONS INTAKE FORM

Name _____ ID# _____

Address _____ E-mail _____@findlay.edu

Phone Number _____ Major _____

Semester Requesting Services _____ Year: 20____

Description of Disability	
Accommodation Requested	
Time Frame for temporary condition:	
Questions/ Concerns	

- Students are responsible for their own academic achievement. Each student must be responsible for class attendance, assignments, and all other course materials. It is your responsibility to contact OAI immediately if services are not meeting your needs. All students should follow the Student Concerns procedure found in The University of Findlay undergraduate or graduate catalog when filing a formal complaint.
- I understand that the Office of Accommodation & Inclusion follows the regulations in the Family Education Rights and Privacy Act (FERPA). By signing this form, OAI may share accommodation(s) with faculty, staff, or other appropriate personnel as needed to support my academic progress.
- I have read and reviewed the service rules with the director/staff member of the Office of Accommodation & Inclusion and will follow all guidelines and procedures.

Office Use:**Documentation:**

- _____ Yes
- _____ Being Mailed/emailed
- _____ Will request/deliver or fax

Date of initial request: _____

Dates of Approved time: _____

Security Notified: _____

Approved Accommodation(s): _____

Parking Pass Returned: _____