



## Orientation Accommodations Request

**NAME:** \_\_\_\_\_

**SAM ID:** \_\_\_\_\_ **ORIENTATION DATE(S):** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

*In order to better provide reasonable accommodations for your disability, please indicate your needs below.*

Are you currently registered with the SHSU Services for Students with Disabilities? YES/NO

Hearing Impairment Assistance

Mobility Assistance

Wheelchair Assistance

Other:

\_\_\_\_\_

SHSU is committed to access and equality for all our students. So we may accommodate our students with disabilities, please submit this form at least two weeks prior to the date of your orientation session. You will be contacted by a representative of the Accepted Student & Bearkat Orientation Office by phone or email within three (3) business days of submittal to discuss accommodation requests. Students timely requesting will receive an email confirming accommodations at least five (5) days prior to orientation.

**Please submit this form via e-mail to [orientation@shsu.edu](mailto:orientation@shsu.edu), or by fax to 936-294-1199, or in person to the Accepted Student & Bearkat Orientation Office located on the third floor of the Estill Building.**

For Official Use Only: Date_____ Processed by_____
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