

# LSUHSC School of Public Health Notification of Disability

To better serve new students at LSUHSC School of Public Health who have disability-related needs, early communication with the school is recommended. The following form is provided to begin a process of dialogue about individual needs and the university requirements and procedures to obtain disability services.

Last Name

First Name

Phone

Email

I will begin attending LSUHSC School of Public Health in  Fall  Spring  Summer 20 \_\_\_\_\_

I have the following disability(ies)

I expect to need academic accommodations while I'm enrolled:  Yes  No

Academic Accommodations that have been successful for me previously include:

I understand that to qualify as eligible for any disability-related accommodations while attending Louisiana State University Health Sciences Center School of Public Health, I must provide recent documentation of my disability to the Office of Academic Affairs at the time of my acceptance. Completion and submission of this form will not by itself qualify me as a student with a disability. The purpose of submitting this form is to alert the Office of Admissions and Student Affairs about my possible needs for service and to begin communication about how to become eligible for services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date