

Please PRINT

**Date:** \_\_\_\_\_ **LR ID#:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
First Middle Last

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Name/s of Parent or Guardian:** \_\_\_\_\_

**Disability(ies):** TBI

<b>ADD/ADHD</b>	<b>Psychological/Emotional Impairment</b>
<b>Autism Spectrum Disorder</b>	<b>PTSD</b>
<b>Blind</b>	<b>Speech./Language Impairment</b>
<b>Chronic Health Impairment</b>	<b>TBI</b>

LR Campus: \_\_\_\_\_ Hickory            \_\_\_\_\_ Asheville            \_\_\_\_\_ Columbia, SC

Do you or have you previously had an IEP/504 Plan? \_\_\_\_\_ Yes            \_\_\_\_\_ No

**ACCOMMODATIONS:**

**Please list any academic accommodations or support services that you have received in the past:** \_\_\_\_\_

\_\_\_\_\_

**Please list any academic accommodations or support services that you would like to request here at Lenoir-Rhyne University:** \_\_\_\_\_

\_\_\_\_\_

**In your own words, please describe the current impact and limitations of your disability:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_