

# Initial Request for Service for the Disabilities Resource Program

Please fill out and return to Room 442 or room 464 in the 198 McAllister building, email to [DRP@uchastings.edu](mailto:DRP@uchastings.edu) or fax to 415-581-8807.

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**UC Hastings Email:** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Expected Grad Year:** \_\_\_\_\_

**Preferred Pronouns:**            Her/Hers/She            They/Them            He/Him/His

**Please mark all that apply to you:**

<b>Applying for:</b>	<b>Classroom/Exam Accommodations</b>				<b>ESA/Service Animal</b>	
<b>Class:</b>	<b>1L</b>	<b>2L</b>	<b>3L</b>	<b>JD</b>	<b>LLM</b>	<b>MSL</b>
<b>Semester:</b>	<b>Fall</b>	<b>Spring</b>	<b>Summer</b>		<b>Year:</b>	_____

I am a student who has not previously received accommodations and am requesting accommodations for the first time.

Yes            No

I have previously received accommodations at another learning institution:

Yes            No

(If yes, check all that apply. Please also supply documentation of your previous accommodations. If no, please skip remaining questions.)

Primary School      High School      College/University      Other Graduate Program

Please list accommodations you are requesting:

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I have previously received accommodations on a standardized test (SAT, ACT, LSAT, etc.):

Yes            No

Please list accommodations:

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