

La Sierra University
Office of Accessibility Services Appeals
Form

The Office of Accessibility (OAS) Appeals Procedure and Guideline was established to provide students a procedure to file an appeals relating to Office of Disability Services. Students who file an appeal are required to cooperate with the review, including but not limited to, attending meetings, begin forthright and honest during the process and keeping confidential the existence and details of the review.

Instruction: Please fill in all of the information requested below as completely as possible.

Last Name: _____ First Name: _____ M.I. _____
Mailing Add: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Alternate Phone: _____
Email: _____
Currently enrolled at La Sierra University: ___ Yes ___ No
Student ID: _____ Last quarter attended: _____

1. Identify the nature of the appeal. Please include the involving party's information.

Name: _____ Job Title: _____
Department/College: _____ Relationship to you: _____
Name: _____ Job Title: _____
Department/College: _____ Relationship to you: _____

2. Describe the actions/practices of the above individual(s) giving rise to your appeal. Attach additional pages to this form if necessary.

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3. Describe the incident(s) or event(s), time (s), and location(s) giving rise to your appeal. Attach additional pages to this form if necessary.

4. To whom have you gone for resolution of the appeal? What did you or others try to resolve the appeal? What was the outcome?

5. Identify individual who may have observed or witnessed the incident(s) you described (if applicable).

Position/Job Title: _____
Last Name: _____ First Name: _____
Telephone: _____ Email: _____

Position/Job Title: _____
Last Name: _____ First Name: _____
Telephone: _____ Email: _____

Position/Job Title: _____
Last Name: _____ First Name: _____
Telephone: _____ Email: _____

6. Do you have any documents that support your appeal? Yes No (please list and attach a copy)

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7. Describe how you would expect the appeal to be resolved. Be as specific as possible.

You may elect to have an advisor present at meetings/interviews. If you indicate you will have an advisor, you are authorizing that individual to accompany you to any meetings and/or interview regarding this appeal. The role of the advisor is limited to observing and consulting with you. If you will be accompanied by an advisor, please provide name, address and telephone number of your advisor.

Last Name: _____ First Name: _____

Telephone: _____ Email: _____

Authorization

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPEAL IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE OR BELIEF.

Print Name of Student: _____

Signature of Student: _____

Date: _____