



Disability Management Systems

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<http://www.access.duke.edu>

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**Duke University/Health System Accommodation Fund  
Request for Funding (Student)**

Student Name: \_\_\_\_\_

Duke Unique ID: \_\_\_\_\_ Semester Standing: \_\_\_\_\_

Academic Unit: \_\_\_\_\_ Major: \_\_\_\_\_

University Address: \_\_\_\_\_ University Phone Number: \_\_\_\_\_

Equipment/Service Requested (Include cost and vendor, if possible):

Purpose of Equipment/Service Requested (e.g. what function does the equipment/service provide and how does this relate to the individual's disability?)

What level of partial funding is available from the student's college or academic depart?

\_\_\_\_\_  
Name of person making request

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

04/22/13