



www.PinevilleBeauty.com

*Creating a Career of Passion*

Pineville Beauty School

Application for Auxiliary Aid

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Last 4 Digits of Social Security Number \_\_\_\_\_

Current Address \_\_\_\_\_

Phone Number \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Course for which Registered \_\_\_\_\_

Disability \_\_\_\_\_

Accommodations requested \_\_\_\_\_

\_\_\_\_\_

Are you receiving any services or help from other sources (please check all that apply):

DDWaiver \_\_\_\_\_ Commission for the Blind \_\_\_\_\_ ARCA \_\_\_\_\_ Independent Living \_\_\_\_\_

LRS \_\_\_\_\_ VA \_\_\_\_\_

Other \_\_\_\_\_

If Yes, Please Specify:

Requestor Signature Date

**Please provide documentation of the requestor's disability and/or support for the actual accommodation with request.**





**APPLICATION FOR AUXILIARY AID SERVICES  
FOR PINEVILLE BEAUTY SCHOOL, INC.**

DATE: \_\_\_\_\_

STUDENT (PROSPECTIVE):  
\_\_\_\_\_

Dear \_\_\_\_\_ (student) \_\_\_\_\_ :  
SSN: XXX-XX-\_\_\_\_\_

As a student at Pineville Beauty School, Inc., you have requested accommodations because of a disability. Please provide recent medical documentation that shows your disability and need for Auxiliary Aid Services.

1. For accommodation purposes, an individual with a disability under Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act of 1990 (ADA), is **a person who has physical or mental impairment that substantially limits one or more major life activities.** Major life activities include, but are not limited to walking, seeing, hearing, speaking, breathing, learning, working, caring for one's self and/or other similar activities.
2. The presence of a disorder/condition by itself does not necessarily qualify an individual for accommodation under Section 504 or the ADA. It is the **substantial limitation(s) on one or more major life activities due to the disorder or condition** that will be the determining factor(s) in eligibility for specific accommodations.

Please provide your recent medical documentation to Pineville Beauty School, Inc. by one of the following methods:

**Mail to:** 1008 Main Street, Pineville, LA 71360  
**Email to:** [debstam@bellsouth.net](mailto:debstam@bellsouth.net)  
**Fax to:** (318) 448-6090  
**Or Hand Delivery**

If you have any questions or concerns, please contact the School Administrator, Michelle Hays at (318) 445-1040.

Sincerely,

Michelle Hays  
Pineville Beauty School Administrator