



## Disability Disclosure and Accommodation Form

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

Campus Address: \_\_\_\_\_ Extension: \_\_\_\_\_ Cell: \_\_\_\_\_

Presenting Issue and/or Disability: \_\_\_\_\_

Accommodation(s) requested: \_\_\_\_\_

**Student:** Your signature on this form is an acknowledgement of your self-disclosure of a health or disability and that your request(s) for accommodations is (are) included here.. Your signature below also authorizes the Disability Service Provider and the Director of Disability Services to request and/or review any available documentation that supports your request. It is kept confidential at the highest level possible. The signatures of the Disability Service Provider and the Director of Disability Services acknowledge their receipt of your request for these accommodations

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Print name) \_\_\_\_\_

Disability Service Provider (signature): \_\_\_\_\_

(print name:) \_\_\_\_\_

Office: \_\_\_\_\_ Ext.: \_\_\_\_\_ Date: \_\_\_\_\_

Support accommodations requested (circle) yes no alternative

Explanation: \_\_\_\_\_

Director of Disability Services' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Does this meet definition of Disability? (circle) yes no uncertain

Support accommodations requested based on a disability (circle) yes no alternative

In cases where the presenting issue does not meet the definition of a disability or the accommodation requested does not appear to be reasonable based on the American's with Disabilities Act, the referring professional can review the request to see if it can be addressed under a different criteria.