

**Disability Registration Form
Request for Accommodations**

To: Students

If you have a disability or condition for which you would like to request an accommodation, please complete and return this form so that we can make reasonable efforts to arrange these services. Such disabilities may include, but are not limited to: (check appropriate areas)

- | | |
|---|---|
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Psychiatric Disability |
| <input type="checkbox"/> Chronic Medical Condition | |

Please Print:

Name: _____ Class Year: _____

Address: _____ Date of Birth: _____

_____ Telephone: _____

Specific Diagnosis: _____

Time of Onset/Diagnosis: _____

Nature of Disability: Indicate how the disability and/or related medications and treatments interfere or limit any major life activity including participation in the courses, programs and activities of the college. _____

Present Treatment Plan: _____

Accommodations you are requesting because of this condition**: _____

**Documentation must specifically support requests for accommodations

Continue on reverse side

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I will submit documentation from:

Clinician's Name

Credentials

Note: For diagnosed Learning Disabilities or Attention Deficit Disorder, documentation must be within the past three years. Please see testing guidelines listed on clinician's disability certification form.

Providing this information is voluntary. All information will be kept confidential and will be shared only with those members of the Hamilton College administration, health services, and/or counseling staff and faculty involved with coordinating services and providing your accommodations.

Signature

Date

Return this form by July 1st for the Fall Semester or January 1st for the Spring Semester to insure adequate time to make accommodation arrangements.

Forward completed forms and documentation to:

Allen Harrison, Jr.
Associate Dean of Students for Diversity and Accessibility
198 College Hill Road
Clinton, New York 13323
Phone: 315-859-4021
Fax: 315-859-4077
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