

**Hamilton College Disability Registration Form
Request for Accommodations**

To: Students

If you have a disability or condition for which you would like to request some form of 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):

- | | |
|----------------------------------|------------------------------|
| _____ Attention Deficit Disorder | _____ Learning Disability |
| _____ Mobility Impairment | _____ Vision Impairment |
| _____ Hearing Impairment | _____ Psychiatric Disability |
| _____ 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: _____

Assistive and/or adaptive technology needs (please be specific about any hearing, vision or physical access requirements): _____

Continue on reverse side

**Hamilton College Disability Registration Form
Request for Accommodations**
Page 2

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

**Documentation must specifically support requests for accommodations.

I will be submitting 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. Any information you provide 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.
Assistant Dean for International Students and Accessibility
Hamilton College
198 College Hill Road
Clinton, New York 13323
Fax: 315-859-4077
Phone: 315-859-4022
aharriso@hamilton.edu