

Voluntary Disclosure of a Disability

Assistance for Individuals with Disabilities

Qualified individuals are entitled to reasonable accommodations under the Americans with Disabilities Act (ADA regulations). Accommodations are determined on a case-by-case basis. Student Accessibility & Support Services serves as a link between individuals with disabilities and the Allegheny College community. In order to receive accommodations for any disability, it is necessary for you to provide complete current (within 3 years) documentation of the disability. All information will be considered confidential and only released to appropriate personnel on a need-to-know basis. Please forward any supporting documentation of a disability along with this form to John Mangine, Assistant Dean for Student Accessibility & Support Services, Box 6, Allegheny College, 520 N. Main St, Meadville, PA 16335. The documentation must include the following:

- a) diagnosis and methods used to arrive at diagnosis (i.e. tests and their results);
- b) past, current, and ongoing treatment;
- c) medications currently prescribed and being taken, if any;
- d) functional limitations of condition;
- e) ways the condition limits a major life activity.

Name _____ Date _____ SS# _____

Home Address _____ City _____

State _____ Zip _____ Home Phone _____

Circle which is applicable: Physical Disability Learning Disability Psychological Disability

Please describe your disability _____

In the past, have you received any accommodations for your disability? (Circle One) Yes No

If yes, please describe such accommodations _____

If you feel that some accommodation(s) would aid you in having equal access to our programs, please describe: _____

Do you have a mobility concern that would prevent you from evacuating a building in an emergency? (Circle One) Yes No

If you would like to discuss your particular situation, please feel free to call me at 814-332-2898, or if you prefer, indicate below where I might reach you. Telephone Number: _____

I give permission to Disability Services to release this confidential information to my faculty, advisors, and other appropriate personnel only on a need-to-know basis. I take full responsibility for any ongoing assistance.

Student's Signature

Date