



Paul Adrian Powell, III Resource Center • Office of Academic Support Services
P.O. Box 947 • Emory, Virginia 24237-0947 • 276-944-6144

Disabilities Disclosure Form

Name _____ Student ID Number _____

Home Phone Number _____ Email _____

Home Address _____
City State Zip

Cell Number _____

Identify and describe the physical, learning or psychological disability*, illness, condition or disease that is a basis for your request for reasonable accommodations** by the college. Be specific:

Attach additional pages/sheets as necessary.

Describe how this disability affects your academic work, class schedule, class location and/or residential living situation:

Identify and describe the reasonable accommodation(s) needed to enable you to meet or perform the academic standards of your educational program:

Identify and describe any equipment, aids and/or services that you currently use and are willing to provide and/or utilize:

* "Disability" includes a physical or mental impairment that substantially limits one or more major life activities. Major life activities include such things as caring for oneself, performing manual tasks, walking, sitting, standing, lifting, reaching, seeing, hearing, breathing, learning and working.

** "Reasonable Accommodations" includes any modification or adjustment to the admission process or educational environment of the college to enable an applicant or student to be considered for admission, to meet and perform requisite academic standards or to enjoy equal benefits and privileges of education.

Information concerning your disability will be treated confidentially and will be shared with staff at the college on a “need to know basis”. By checking “Yes” below and signing this form, you give Emory & Henry College permission to share information concerning your disclosed disability with campus professionals who “need to know” (professors, advisors, counselors, etc.) and to work with you to complete an Accommodation Plan for you to give to your professors, advisor and other appropriate campus officials.

Yes, I request assistance in arranging for my reasonable accommodation(s) and will complete the Accommodations Request Form.

No, I am not requesting accommodations at this time.

Student Signature

Date

Please attach appropriate documentation to support your request, include names and addresses of physicians, therapists, psychologists or other health care providers who have information concerning your disability.

Name, address, email, phone and fax number of health care providers:

I hereby authorize the above-listed health care providers (and any others who have treated me) to release to Emory & Henry College all medical records concerning the disabilities disclosed herein and to provide any opinions to the college concerning my ability (1) to meet and perform the academic standards requisite to the educational program or activity that is the subject of this request and (2) to enjoy equal benefits and privileges of education as are enjoyed by other similarly situated students without disabilities.

I certify that I have read, reviewed and been informed of the academic requirements as outlined in the Emory & Henry College Academic Catalog. I further certify that the foregoing statements are complete, accurate and true to the best of my knowledge. I also understand the college may require me to undergo further testing for the purpose of establishing existence and or extent of my disability, illness, condition or disease and my need for reasonable accommodations.

Student Signature

Date

Please make copies of this form for your records and to give to your health care providers so that they may release your records to the college. Mail this form and any associated documentation to:

**Director of Academic Support Services
Powell Resource Center
Emory & Henry College
P.O. Box 947
Emory, VA 24327-0947**