DISABILITIES DISCLOSURE AND ACCOMMODATION(S) REQUEST

This form should be completed when a student has indicated his or her desire to disclose a learning, physical or psychological disability*. Once complete (and if the student so indicates at the bottom of this form), the college will determine whether or to what extent to provide reasonable accommodation(s)**.

Full Name _____ **Student ID Number: G**_____

Home Phone Number _____ **E-mail** _____

Permanent Address _____

Academic Standing: ☐**Incoming New Student** ☐**First Year** ☐**Sophomore** ☐**Junior** ☐**Senior**

Identify and describe your physical, learning or psychological disability, illness, condition or disease. Be specific:

_____

_____

_____

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

_____

_____

_____

_____

_____

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 Guilford College permission to share information concerning your disclosed disability and your request for reasonable accommodation(s) with campus professionals who "need to know". These professors, advisers, and counselors will work with you to complete an Accommodation Plan.

- ☐ **Yes, I am requesting reasonable accommodation(s)**
- ☐ **No, I am not requesting accommodation(s) at this time**

_____ _____

Student's Signature Date

PLEASE ANSWER THE FOLLOWING QUESTIONS IF YOU ARE REQUESTING ACCOMMODATIONS:

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

_____

_____

_____

If you were granted accommodations in previous educational settings, please list:

_____

_____

_____

Identify and describe any equipment, aids and/or services that may be needed to fulfill the above accommodation(s):

_____

_____

Continued on Reverse

I received special education services in high school. ❑ **Yes** ❑ **No**

I transferred from another college or university. ❑ **Yes** ❑ **No**

If yes, from where? _____

I am a consumer of Vocational Rehabilitation or Bureau of Services for the Visually Impaired. ❑ **Yes** ❑ **No**

If yes, what is your counselor's name and phone number?_____

❑ **Yes, I have attached professional documentation which supports my request**

❑ **No, I have not attached professional documentation at this time. I understand that it is my responsibility to submit or arrange for the submission of documentation which supports my request and that accommodations may not be granted until approved documentation has been submitted and reviewed by an appropriate Guilford College official.**

Following are names and addresses of physicians, therapists, psychologists or other health care providers that Guilford may contact concerning my disability:

_____

_____

_____

I understand that this **Form must be submitted <u>with professional documentation</u>** to the Coordinator of Disability Services prior to meeting with the appropriate college official for a pre-service interview. During this meeting we will identify and enumerate services for which I am eligible. The information submitted to Guilford College will not be placed in my educational record.

I hereby authorize the above-listed health care providers (and any others who have treated me) to release to Guilford College all medical records concerning the disability disclosed herein and to provide any opinions to the college concerning my ability to (1) meet and perform the academic standards requisite to performance of the educational program or activity that is the subject of this request and (2) 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 Guilford College catalog (www.guilford.edu/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 the existence and/or extent of my disability, illness, condition or disease and my need for reasonable accommodation(s).

Student Signature: _____ **Date:** _____

Guilford College Official: _____ **Date:** _____

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

Guilford College
5800 W. Friendly Ave
Greensboro, NC 27410
Fax: 336-316-2946

***"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 Accommodation" includes any modification or adjustment to the admissions 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.

FOR INTERNAL USE ONLY

Banner Code: _____

Guilford College assumes the financial responsibility for the following:

_____

_____

The student assumes the financial responsibility for the following:

_____