

DISABILITIES DISCLOSURE & REQUEST FOR ACCOMMODATION FORM

If you have a disability (a learning disability, ADD, ADHD, mobility problem, health concern, significant hearing or sight impairment) that will require accommodation, please **complete this form and provide documentation.**

Further information is available at: www.elon.edu/disabilities

Print, complete and mail this form & supporting documentation to:

Disabilities Services Coordinator
2251 Campus Box
Elon University
Elon, NC 27244

Full name: _____ SS# OR Elon ID # _____
(First) (Middle) (Last)

Telephone: _____ Email address: _____

What is your disability? (Be specific: dyslexia, ADD, mobility, epilepsy, etc.)

How does this disability affect your academic work, class schedule or class location?

What accommodations are you requesting? (The need for accommodation must be supported with documentation.)

Information concerning your disability will be treated confidentially and will be shared with others only on a “need to know basis.” By checking “yes” below and signing this form, you give us permission to share information concerning your needs with campus professionals who “need to know” (professors, advisors, counselors, etc.) *and* to prepare letters concerning appropriate accommodations for you to give to your professors and advisor.

- Yes, I request that you arrange for my accommodations, sharing information only as needed.
 No, I am not requesting accommodation at this time.

Student Signature

Date