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**. Documentation guidelines are posted for review at: https://www.elon.edu/freshmanprereg/disability.htm

Further information is available at:
http://www.elon.edu/e-web/academics/advising/disabilserv.xhtml

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.)

_____

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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