DISABILITY DISCLOSURE AND REQUEST FOR ACCOMMODATION
ELON UNIVERSITY SCHOOL OF LAW

If you have a disability that will require accommodation this semester, please complete and return this form as soon as possible to Associate Dean Woodlief. If you need additional space, please feel free to attach an additional sheet. To preserve confidentiality, please return the form in a sealed envelope. Please call (336) 279-9203 or e-mail awoodlief@elon.edu if you have questions.

Students seeking an accommodation must provide a formal evaluation with a diagnosis of significant disability. For additional information, please consult the Elon University Disabilities Guidebook, available online at http://www.elon.edu/e-web/academics/advising/disabilserv.xhtml.

Semester for which Accommodation Sought   _____ Fall 2008   _____ Spring 2009

Full Name  ____________________________  Today’s date  ______________
Please print   Last, First, Middle

Local Phone  _______________  Cell Phone  ______________  E-mail  ______________

What is your disability?   Be specific  (e.g., dyslexia, AD/HD, hearing, vision, epilepsy, mobility, etc.)
____________________________________________________________________________________
____________________________________________________________________________________

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

What accommodations are you requesting?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Notes: (1) A request for accommodation form must be filled out each semester. The form can be requested from the Registrar or Deans’ Office.
(2) Requests for accommodation must be received and decided prior to any class session, activity, test, or examination potentially impacted. Because it may take time for you to provide a formal evaluation and for the administration to consider the request, requests should be made as early as possible during the semester. Accommodations are not retroactive.
(3) Information about your disability will be treated confidentially and will be shared only on a “need to know basis.” By signing below, you give us permission to share information concerning your needs with campus professionals who “need to know” (the university disabilities coordinator and that department, professors, advisors, counselors, etc.) and to prepare letters concerning appropriate accommodations to professors, advisors, counselors, etc., as necessary to provide the accommodation.

Signature    Date  

Return this form to Associate Dean Woodlief.