

Request for Disability Services and Accommodations Form

Hamline University

At Hamline University, we are committed to ensuring that students with disabilities have equal access to all university programs and activities. Policies and procedures have been developed to allow students to be as independent as possible, to preserve confidentiality, and to provide students who have disabilities with the same exceptional opportunities that are available to all Hamline students.

Disability Services facilitates accommodations for students with disabilities to ensure equal access to educational programs and services. Examples of accommodations included time and a half for exams, a reduced distraction testing room, and sign language interpreters. In college, the decision about appropriate accommodations is an interactive process between the student, Disability Services, and faculty/staff.

If you have a disability or medical condition and think you will require some type of accommodation, please complete this form and return it to Disability Services. Services will be provided upon completion of the following steps:

1. Submission of this Request for Disability Services and Accommodations Form
2. Submission of current and comprehensive disability documentation. Documentation guidelines are available at http://www.hamline.edu/hamline_info/offices_services/student_relations/studentaffairs/disabilities_services/more_info_pages/faculty_staff_guide.html#documentation
3. Documentation has been reviewed and eligibility for accommodations have been verified by Disability Services. Accommodation requests must be substantiated by the functional limitations detailed in the disability documentation.
4. You have met with a Disability Services staff person for an initial intake interview.

In order to identify appropriate reasonable accommodations, Disability Services staff may need to discuss documentation with physicians, psychologists, or other qualified professionals to request clarification or additional information regarding the student's disability. Information provided to Disability Services is confidential. Documentation and evaluation information will not be released without the signed consent of the student. Disability Services will discuss disability-related issues only with faculty and University staff who have a legitimate need to know.

I. Personal Information

Name: _____ Student ID # or SSN: _____

Permanent Address:

Street City State or Province Zip or Postal Code Country

Home or Cell Phone: _____ E-mail Address: _____

II. Academic Information

School Affiliation (circle one): Liberal Arts School of Law Graduate Schools

Class Year (circle one): First Year Sophomore Junior Senior Other (please specify): _____

Major, if known (CLA only): _____ Advisor: _____ Entrance Date: _____

III. Disability Information (you may use additional paper to complete your responses, if necessary)

Please tell us your diagnosis and provide a description of your disability:

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Describe how your disability affects you in an academic setting:

List the accommodations you are requesting in an academic setting (e.g. reduced distraction testing room, time and a half for exams, sign language interpreters, etc.)

Describe auxiliary aids, assistive technology, and/or services that you anticipate using while attending Hamline University (e.g. service dog, PCA, wheelchair, adaptive technology, etc.)

IV. Academic History

High School(s) Attended: _____

Accommodations and/or services used in high school:

Colleges/Universities Attended: _____

Accommodations and/or services used at other colleges/universities:

V. Certification

I certify that the information provided on this form is accurate. I understand that to be eligible for disability services at Hamline University I must (1) submit this completed form, (2) submit disability documentation that substantiates the requested accommodations, and (3) participate in an intake interview with a Disability Services staff person. My signature authorizes Disability Services to contact the health care provider who authorized the disability documentation if additional information or clarification is required.

Please check one: Documentation from a licensed professional is enclosed will be sent separately

Student's Signature

Date

Mail this form directly to: Hamline University, Disability Services, 1536 Hewitt Avenue MS-B1805, Saint Paul, MN 55104-1284 or fax to: 651-523-2403

Need more information? Contact Disability Services, Hamline University, Giddens/Alumni Learning Center, 1536 Hewitt Avenue MS-B1805, Saint Paul, MN 55104-1284 (telephone: 651-523-2521; fax: 651-523-2403; e-mail: emeger01@hamline.edu).