Hamilton College Disability Registration Form Request for Accommodations

Learning Disability

Vision Impairment

| _ | |
|--------------|----------|
| T_{Ω} | Students |

If you have a disability or condition for which you would like to request some form of accommodation, please complete and return this form so that we can make reasonable efforts to arrange these services. Such disabilities may include, but are not limited to: (check appropriate areas)

Attention Deficit Disorder

Mobility Impairment

| | Hearing Impairment | Psychiatric Disability | |
|-----------------------|---------------------------|---------------------------------------------------------------------------------------------------|-------------------|
| | Chronic Medical Condition | | |
| Please Print: | | | |
| Name: | | | _ |
| Class Year: | | | |
| Address: | | | _ |
| Date of Birth: | | | |
| Telephone: | | | |
| Specific Diagnosis: | | | _ |
| Time of Onset/Diagn | osis: | | _ |
| | | or related medications and treatments interfere or lines, programs and activities of the college: | nit any |
| | | | _ |
| Present Treatment Pla | an: | | |
| | | ondition**: | - - |

Continue on reverse side

^{**}Documentation must specifically support requests for accommodations.

Hamilton College Disability Registration Form Request for Accommodations

Page 2

| I will be submitting documentation from: | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Clinician's Name | Credentials | | | |
| Note: For diagnosed Learning Disabilities or Attention Deficit Disorder, documentation must be within the past three years. Please see testing guidelines listed on clinician's disability certification form. | | | | |
| | mation you provide will be kept confidential and will be shared administration, health services, and/or counseling staff and roviding your accommodations. | | | |
| Signature | Date | | | |

Return this form by July 1st for the Fall Semester or January 1st for the Spring Semester to insure adequate time to make accommodation arrangements.

Forward completed forms and documentation to:

Allen Harrison, Jr.
Associate Dean of Students for Multicultural Affairs
Hamilton College
198 College Hill Road
Clinton, New York 13323
Fax: 315-859-4077

Phone: 315-859-4077 Phone: 315-859-4022 aharriso@hamilton.edu