

Hamilton College Disability Registration Form  
Request for Accommodations

To: 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 | Learning Disability    |
| Mobility Impairment        | Vision Impairment      |
| Hearing Impairment         | Psychiatric Disability |
| Chronic Medical Condition  |                        |

Please Print:

Name: \_\_\_\_\_

Class Year: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Specific Diagnosis: \_\_\_\_\_

Time of Onset/Diagnosis: \_\_\_\_\_

Nature of Disability: Indicate how the disability and/or related medications and treatments interfere or limit any major life activity including participation in the courses, programs and activities of the college:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present Treatment Plan: \_\_\_\_\_

Accommodations you are requesting because of this condition\*\*: \_\_\_\_\_

\_\_\_\_\_

\*\*Documentation must specifically support requests for accommodations.

Continue on reverse side

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I will be submitting documentation from:

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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.

Providing this information is voluntary. Any information you provide will be kept confidential and will be shared only with those members of the Hamilton College administration, health services, and/or counseling staff and faculty involved with coordinating services and providing your accommodations.

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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  
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Clinton, New York 13323  
Fax: 315-859-4077  
Phone: 315-859-4021  
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