



Office of the Registrar
Request for Disability Accommodation Form

The American College is committed to providing equal educational opportunities to all students, including students with disabilities. The College does not discriminate against students with disabilities and will make every effort to provide reasonable accommodations to a student with a known disability in order to afford that student an equal opportunity to participate in programs and activities offered by The College.

Any student requesting an accommodation must submit this completed form and medical documentation that substantiates the requested accommodations. Documentation must be from a qualified professional, not related by blood or marriage to the student, and must establish (a) that the disability exists and (b) that the requested accommodation is necessary to provide the student with the opportunity to participate in the program or activity to the same extent as a similarly-situated person without a disability. The documentation should reflect functional limitations that are currently impacting the student as determined by an appropriate professional who is qualified to evaluate the functional impact of the disability and render conclusions about the need for accommodations. The Registrar has the right to determine appropriate and reasonable accommodations and may propose reasonable alternative accommodations to meet the student's needs based on all information provided. In making this determination, the Registrar may engage in an interactive process with the student and/or their medical professional, which may include requesting clarification or additional information regarding the information submitted. Students are expected to fully cooperate with the interactive process.

Part I: Personal Information

Name: _____ Student ID # or SSN: _____

Permanent Address:

Street City State Zip Country

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

Part II: Academic Information

Program: _____

Class for which you are requesting an accommodation: _____

Enrollment status (check one): Current Student Admitted Student Prospective Student



Part III: Disability Information

Type of Diagnosis for which you are seeking an accommodation (check all that apply):

<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	Autism Spectrum	<input type="checkbox"/>	Chronic Medical
<input type="checkbox"/>	Concussion or Traumatic Brain Injury	<input type="checkbox"/>	Hearing Impairment – Deafness	<input type="checkbox"/>	Hearing Impairment – Hard of Hearing
<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Neurological Condition
<input type="checkbox"/>	Restricted Mobility	<input type="checkbox"/>	Vision Impairment – Blindness	<input type="checkbox"/>	Vision Impairment – Low Vision
<input type="checkbox"/>	Other (please describe):				

Describe how your disability affects you in an academic setting (e.g. how do you experience your disability/what challenges or obstacles have been present):

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.)

Do you use any special equipment, assistive technology, mobility aids or auxiliary aids?

- Yes No

Part 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:



Part V: Certification

I certify that the information provided on this form is accurate. I understand that to be eligible for disability services at The College, I must (1) submit this completed form, (2) submit medical documentation that substantiates the requested accommodations, and (3) respond to any additional requests for information from the Registrar. My signature authorizes the Registrar to contact the health care provider who authorized the medical 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

Please return this form to: Registrar@TheAmericanCollege.Edu