

Received:

Initials:

Date:



### Office of Disability Services

### Request for Academic Accommodation

This form should be completed and submitted to Disability Services c/o Dr. Cherie Crosby Manor College, 700 Fox Chase Road, Jenkintown, PA 19046. An initial request for accommodation must be accompanied by documentation of your disability, in accordance with college guidelines as outlined in the Manor College Catalog and on the Disability Services webpage: <https://manor.edu/academics/academic-resources-support/disability-services/>. A request for academic accommodation must be renewed each semester by completion and submission of this form.

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

Student ID Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Manor Email: \_\_\_\_\_

Resident:  Commuter:

Full-Time:  Part-Time:

Major: \_\_\_\_\_

Please indicate the nature of your disability. Check all that apply.

- Learning Disability
- Attention Deficit / Hyperactivity Disorder (AD/HD)
- Physical Disability / Mobility Impairment
- Chronic Medical Condition: Please specify: \_\_\_\_\_
- Psychiatric Disability
- Visual Impairment or Blindness
- Auditory Impairment or Deafness
- Temporary Injury or Condition: Please specify: \_\_\_\_\_
- Other: \_\_\_\_\_

Please use the space below to provide any other details regarding the nature of your disability:

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Please indicate which accommodations you are seeking. Please check all that apply. Please note that a request does not guarantee a grant of accommodation.

- Additional time on tests, quizzes and exams
- Preferential classroom seating
- Use of a computer / laptop / pad / tablet
- Use of a calculator
- Notetaker
- Study Guides
- Permission to record lectures
- Additional learning support outside the classroom
- Other: \_\_\_\_\_

Please use the space below to provide details relating to any additional accommodations you may be requesting:

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### CONFIDENTIALITY & RELEASE of INFORMATION

#### PERMISSION TO RELEASE INFORMATION

I give my permission for the release and discussion of information regarding my disability and accommodations between the director of disability services and personnel in health services, counseling services, Registrar, Academic Affairs, academic advisor, student life and faculty for classes in which I am either currently enrolled or classes in which I am registered as warranted appropriate by the director of disability services who will only release information on a "need to know basis" as required by law. I also give permission to speak with the doctor/s treating the condition for which I am requesting accommodations. I understand that the information may only be shared to utilize preparation/provision of reasonable accommodations or auxiliary aids and services for which I am eligible. I may rescind or amend this agreement at any time.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### PERMISSION TO RELEASE INFORMATION TO PARENT OR GUARDIAN:

I give permission to release and discuss my academic accommodations and academic progress with my parents:

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_