

Date Received:

Initials:

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Office of Disability Services Request for Accommodations

This form should be completed by the student and provider and should be submitted to the Disability Services Office c/o Anessa Rodriguez, at Manor College, 700 Fox Chase Road, Jenkintown, PA 19046. An initial request for accommodation must be accompanied by documentation such as an IEP, 504, or a letter from the doctor on letterhead. The documentation must clearly state the diagnosis, functional limitations, functional impairment in one or more settings (if necessary), and a summary of recommended accommodations from the provider. All documentation must be in accordance with college guidelines as outlined in the Manor College Catalog and on the Accommodations webpage:

<https://manor.edu/academics/academic-resources-support/accommodations/>

In addition academic accommodations must be renewed each semester by completion and submission of a Renewal of Accommodations form provided by the Disabilities Services Office.

Section 1: Student Information

Student Full Name: _____

Student ID Number: _____

Permanent Address: _____

Phone Number: _____

Manor Email: _____

Resident:

Medical dormroom

Commuter:

Full Time:

Part Time:

Major: _____

Section 2: Provider Section & Diagnosis Information

Professionals conducting the assessment, diagnosing, and providing recommendations for **reasonable** accommodations must be qualified. The provider signing this form must be the same person answering the questions in Section 2 of this form. This person cannot be a relative of the student but must be a licensed professional.

If the student is unable to meet with their provider to have this form completed, they must have their provider provide a letter on letterhead with **all** of the information being requested on this form, no exceptions.

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Provider full name: _____

Provider Credentials: _____

Provider License Number: _____

Provider Office Address: _____

Provider Phone Number: _____

Provider Signature: _____

List all diagnosis/ disabilities that accommodations are needed for:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Provide a summary of the accommodations needed for each diagnosis/ disability listed above:

Provider Signature: _____ **Date:** _____

Section 3: CONFIDENTIALITY & RELEASE of INFORMATION

PERMISSION TO RELEASE INFORMATION:

I, _____ (student, print full name) give 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, and faculty for classes which I am either currently enrolled in 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

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doctor/s that are treating the conditions listed on this form 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 parent or guardian:

Parent or guardian full name and relationship: _____

Student Signature: _____ Date: _____

Section 4: List your Professors for the semester:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____