SHIPPENSBURG UNIVERSITY

Declaration of Disability

MUST BE COMPLETED BY STUDENT

Shippensburg University is committed to being responsive to the special needs of students with disabilities. Please respond to the items below. If you should have any questions and/or concerns, contact Paula Madey, MRC, Director of Disability Services, at (717) 477-1364. **Print in black or blue ink.**

Name: _____ Date of Birth _____/_____/_____

Home Address (required):_____

Cell Phone: (_____) _____-_____ e-mail address: _____

Check all that apply:

[ ]	Physical Disability	[ ]	Visual Impairment
[ ]	Medical Disability	[ ]	Hearing Impairment
[ ]	Learning Disability	[ ]	ADD/ADHD
[ ]	Emotional Disability	[ ]	Other

In your own words, please explain your disability:_____

_____

Please check all accommodations that are **supported by your documentation**:

[ ]	Enlarged printing	[ ]	Priority scheduling
[ ]	Alternate format	[ ]	Notification of faculty
[ ]	Note taking	[ ]	Kurzweil Reader/Texthelp
[ ]	Extended time for tests [100% max]	[ ]	Classroom accessibility
[ ]	Reader/scribe/laptop for exams	[ ]	Use of tape recorder
[ ]	Alternative testing site	[ ]	Other:

Other [please explain]: _____

If you are requesting accommodations, it will be necessary for you to forward appropriate documentation to the address listed below. **Evaluations must not be more than three years old.**
Documentation on a prescription pad is **NOT** acceptable. IEP's are **NOT** documentation and are not accepted.

_____ _____

Student Signature **Date**

_____ I am interested in meeting with a Learning Specialist and/or tutoring.

_____ _____ I **authorize / do not authorize** a copy of this form to be sent to the Learning Center.
(Initial) (Date) **[CIRCLE ONE]**

If you have a disability, please complete and return this form as soon as possible to:

Office of Disability Services
120 Horton Hall
Shippensburg University
Shippensburg, PA 17257-2299

Accommodations Approved by: _____ Date: _____