# SHIPPENSBURG UNIVERSITY
## Declaration of Disability

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

Name: _____ Date of Birth _____/_____/_____

Home Address (required):_____

Cell Phone: (_____) _____ - _____ Email Address: _____

Check all that apply: SUID: _____

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

Please explain your disability:
_____
_____

_____
_____

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

[ ] Enlarged printing
[ ] Extended time for tests
[ ] Note-taking
[ ] Laptop for essay exams
[ ] Alternate testing sites
[ ] Reader/Scribe for exams
[ ] Notification of faculty
[ ] Access to LL 136
[ ] Classroom accessibility
[ ] Escort
[ ] Use of tape recorder

Other:
_____
_____

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.

_____ _____

**Student Signature** **Date**

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**

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**Shippensburg, PA 17257-2299**

Accommodations Approved by: _____ Date: _____