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: SUID: _____

[ ]	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 Print	[ ]	Priority scheduling
[ ]	Extended time for tests [100% max]	[ ]	Notification of faculty
[ ]	Note-taking	[ ]	Access to LL 136
[ ]	Alternate testing site	[ ]	Classroom accessibility
[ ]	Use of a tape recorder	[ ]	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. An IEP and Section 504 plan will be reviewed but **may** not be accepted as sole source documentation.

_____ _____

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
Shippensburg, PA 17257-2299

Accommodations Approved by: _____ Date: _____