

### Disabilities Support Services – Identification Form

If you require any accommodations due to a disability, including learning disabilities, AD/HD, sensory disabilities and medical, physical, psychological, psychiatric and all other conditions that qualify as disabilities according to the ADA, you must complete this form.

**To receive accommodations disabilities must be documented.\***

**Return this form to:**

The Office of Academic Development  
Disabilities Support Services  
Arcadia University  
450 S. Easton Road  
Glenside, PA 19038  
Phone: 215-572-4033  
E-mail: pizzil@arcadia.edu

**All information provided shall be kept strictly confidential.**

**PLEASE PRINT**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ E-mail: \_\_\_\_\_

Housing status: Commuter \_\_\_\_\_ Resident \_\_\_\_\_

Student Status: Year in school \_\_\_\_\_ Transfer \_\_\_\_\_ Visiting \_\_\_\_\_ Major: \_\_\_\_\_

1. Please explain what type of disability you have. Check all that apply.

- Hearing     Speech     Visual     Physical Limitations (please explain briefly)  
 Other disability (please explain briefly)

2. If you are requesting academic accommodations due to a disability affecting learning (this includes, learning disabilities, AD/HD, sensory disabilities, and medical/physical, psychological or psychiatric conditions that qualify as disabilities under the ADA), please explain those accommodations.

3. If you are requesting any physical or logistical modifications, services or special accommodations in the classroom, residence hall or other campus locations due to a physical disability, please explain. (You may use the reverse of this form to explain.)

**\*Disabilities must be documented. Please note that the IEP is not acceptable documentation. Current documentation must be sent to DSS at least two weeks before classes begin. For documentation guidelines, please call 215-572-4086 or 215-572-2122.**

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_