

Disability 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
Disability Support Services
Arcadia University
450 S. Easton Road
Glenside, PA 19038
Phone: 215-572-4033
Fax: 215-517-3124
E-mail: accessibility@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: ___ 1st YR(0- 26 credits) ___ Sophomore(27- 56 credits) ___ Junior(57-86 credits) ___ Senior (87+ credits)

___ Graduate Student ___ Transfer From: _____ ___ Visiting From: _____

Major: _____

1. Please check all that apply and briefly describe your disability.

- Hearing Speech Visual Physical Limitations Medical: _____
- Learning Disability: _____ Psychological: _____ Other disability: _____

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 visit our website for documentation guidelines at:**

www.arcadia.edu/DSS-doc-guidelines

Current documentation must be sent to DSS at least two weeks before classes begin.

STUDENT SIGNATURE: _____ DATE: _____