



Student Data

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_
Date of Birth: \_\_\_\_\_ I.D. #: \_\_\_\_\_

Academic Data

Enrollment Date: \_\_\_\_\_ Degree/School: \_\_\_\_\_
Advisor: \_\_\_\_\_
Course Load: [ ] Part-time [ ] Full Time Anticipated Graduation Date: \_\_\_\_\_

Medical Data

Disability Diagnosis: \_\_\_\_\_
Disability is: [ ] Permanent [ ] Temporary (45 days or less)
[ ] Temporary (greater than 45 days). Explain: \_\_\_\_\_
Education Limitations: \_\_\_\_\_

Nature of Disability

What is the nature of your disability(ies)? (Check all that apply)

- Learning Disability Visual Impairment
Attention Deficit/Hyperactivity Disorder Hearing Impairment
Chronic Health Disorder Mobility Impairment
Psychological Impairment Other

Accommodation History

Prior Accommodations Received (i.e. undergrad, employment or previous graduate work):

\_\_\_\_\_
\_\_\_\_\_

Accommodations Recommended (Physician/Medical Specialist):

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Accommodations Requested

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

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**OFFICE USE ONLY**

Medical Verification on file:  Yes  No

Date received: \_\_\_\_\_

Documented Diagnosis: \_\_\_\_\_

Documented Limitations: \_\_\_\_\_

Additional Notation: \_\_\_\_\_

Accommodations Provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\*The above information is strictly confidential, and will only be discussed as is necessary to insure the appropriate accommodations for each student.

\***Please note** that accommodation, even when it involves additional time on assignments, does not include an Incomplete. This accommodation applies to assignment deadlines that are set within a semester. Incompletes are only designed for situations where circumstances that are unexpected, as well as unavoidable, make it impossible to complete work for a course within a semester. If such a situation occurs, whether it is related to a disability or not, students may request an Incomplete from the professor. However, the Incomplete should be based on the unexpected circumstance, not routine accommodation.

\*Student files will be retained for five years after graduation or the last date of attendance. Incomplete files will be kept for one year from the original date of intake.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Disability Officer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean of Student Life: \_\_\_\_\_ Date: \_\_\_\_\_

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**Consent and Authorization to Disclose Disability(ies) and/or Medical Condition(s)**

In order to provide reasonable accommodations, it is often necessary to discuss the documentation the student has submitted to our office with providers such as licensed physicians, psychologists or other qualified professionals, and to discuss the student's request for accommodation with Claremont School of Theology faculty and professional staff, or Claremont Graduate University faculty and staff if the student is taking coursework there through cross-registration. I hereby give permission for members of the staff of the Students with Disabilities, to exchange information regarding the documentation I have submitted to the Services for Students with Disabilities office with my provider(s) (physician, psychologist, or other qualified professional), and to request/accommodation from Claremont School of Theology and Claremont Graduate University faculty and professional staff, and also This authorization will remain in effect for the duration of the student's enrollment. I understand that I may revoke this release of information privilege at any time by informing the Services for Students with Disabilities. I understand that this information is desired in order to assist those who are helping with my education and request for accommodation, and that my refusal to authorize consent may result in a denial of specific accommodations. I also understand that my disability documentation will be kept on file for five years and that I should keep a copy of any records pertaining to my disability .

\_\_\_\_\_  
**Student Signature**

cc: Student

\_\_\_\_\_  
**Date**