This form is designed to request accommodations related to Hampshire College academic and co-curricular programs. Please see our housing accommodation process on our website for housing and dining-related accommodation requests.

# Personal Information

1. Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@Hampshire.edu
4. Primary Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Current Academic Status (Check one):
* Div I
* Div II
* Div III

# Disability Information

1. So that we may best support you, please indicate the disability area(s) for which you are requesting services and/or accommodations:
* ADD/ADHD
* Autism Spectrum D/O
* Blind/Visual Impairment
* Chronic Illness/Pain
* Deaf/Hearing Loss
* Learning Disability
* Medical Disability
* Mobility Impairment
* Psychiatric/psychological Disability
* Traumatic Brain Injury
* Other
1. Please provide your specific diagnosis/diagnoses:
2. Please Describe how your disability affects your daily life and school experience:

You may also attach a separate document with this information, if you choose.

1. Are you under the regular care of a medical professional or specialist?

(i.e. physician, psychologist, psychiatrist, counselor, education specialist)

* 1. If yes, please list your specialist(s) name(s) and credentials/specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

We will not contact specialists unless you request our direct collaboration and authorize us to contact them.

1. Are you currently taking medication you’d like us to be aware of?
	1. If yes, please specify medication(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are you currently receiving support from any state or government agencies which may apply to our support services at Hampshire College?
	1. Agency, location and case manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Agency or case manager phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Accommodation Information

1. Please specify the academic accommodations you are requesting at this time.

If you are in need of residential accommodations ONLY, please see our housing accommodation request process online.

1. Please select all of the settings for which you've received accommodations:
* Elementary School
* Middle School
* High School
* Standardized Exams (ACT/SAT)
* Other College or University
* Have not had any previous accommodations
1. What specific accommodations or services have you utilized in the past?

Please include any accommodations and support services that would be helpful for our staff to understand your history.

1. Please describe how they were useful and appropriate for you:
2. Supporting Documentation\*: Please submit supporting documentation in accordance with our documentation guidelines, which can be found on our website: [OARS.hampshire.edu](http://www.OARS.hampshire.edu)

\*Accommodation requests without appropriate supporting documentation will not be reviewed until appropriate documentation is provided.

# Disclosure Agreement

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing above I grant permission for my disability-related information to be released to Hampshire College, Office of Accessibility Resources and Services. I understand this information is confidential and will only be shared on an 'as needed' basis with any other Hampshire College parties to facilitate appropriate accommodation support.