



Accommodation Request For Temporary Disabilities

To request accommodations on a temporary basis, submit this completed form along with appropriate, supporting documentation*. If you have questions about documentation, please refer to the "Documentation Guidelines and Forms" section of our website: www.OARS.hampshire.edu

Student 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

6. So that we may best support you, please indicate the reason for which you are requesting services and/or accommodations:

7. Are you currently under the care of a professional/specialist? (i.e. physician, counselor, education specialist, etc.)

No Yes

If yes, please specify name and specialty: _____

When is your next scheduled appointment? _____

8. Are you currently taking medications relevant to your accommodation need?

No Yes (please specify): _____

9. 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.

Please return form with appropriate documentation to:

Hampshire College, Office of Accessibility Resources and Services (OARS), 893 West St. Amherst, MA 01002
P: 413.559.5498 F: 413.559.6098 accessibility@hampshire.edu



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Accommodation Information

10. 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.

11. 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.

12. Supporting Documentation*: Please submit supporting documentation in accordance with our documentation guidelines, which can be found on our website: [OARS.hampshire.edu](https://oars.hampshire.edu)

***Please note that we may be able to provide accommodations before supporting documentation arrives when need is urgent, but will require documentation within a reasonable amount of time following your request.**

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.

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