

General Information

Name: _____ ID _____ D.O.B. _____

Local or Campus Address: _____ Zip _____

Phone(s): (h) _____ (c) _____ E-mail: _____

Permanent or Parent/Guardian Address (if applicable)

_____ City: _____ State _____ Zip _____

Academic Information

Major: _____ **Full-time** **Part-time**

Semester/YR Admitted to Watkins: _____ Semester/YR Accommodations Began: _____

Additional Information:

REQUEST FOR ACCOMIDATION(S)

Name: _____ **ID:** _____

In accordance with the Americans with Disabilities Act and Section 504, The Rehabilitation Act of 1973, Watkins College provides reasonable accommodations to qualified students with disabilities. The assessment of appropriate accommodations is based on the types of limitations manifested by a particular disability and may differ for each student. The student must request accommodations and disclose his/her disability before any accommodation can be implemented – accommodations can be neither requested nor awarded retroactively.

All accommodations provided are based upon individual needs as reflected in documentation and/or information related to the student’s disability or functional limitations. The College may require further documentation to substantiate the request for accommodations. Student Life staff will review your request in a timely manner.

Primary Disability:

Secondary Disability(ies):

Functional Limitation(s) – How does your disability affect your academic work?:

Requested Accommodations (be specific):

Do you take any medication and/or experience any side effects that may impact learning/concentration?
 No Yes___

Medication(s) & Dosage(s) _____

Side effects which may impact learning/concentration:_____

Watkins College holds these requests confidential. They are not included in your permanent record.

Student Signature _____	Date _____
--------------------------------	-------------------

INTERNAL RELEASE OF INFORMATION

I understand that the professional staff of Student Life at Watkins may need to communicate with other College personnel in order to implement accommodations. I authorize this exchange of information regarding my disability and accommodations. **I may decline contact – sign at “/ Decline All Contact.”**

This release of information will be in effect for as long as I am receiving accommodations and/or services from Student Life at Watkins College.

_____ Signature	_____ Date
_____ Name (please print)	_____ ID Number

I Decline All Contact

Signature _____ **Date:** _____

Please be aware that declining all contact will severely inhibit our ability to provide appropriate accommodations.