



OFFICE OF THE DEAN OF STUDENTS
 4250 Mayflower Hill
 Waterville, ME 04901-8841
 TEL 207-859-4250
 FAX 207-859-4264

Voluntary Disclosure of a Disability

Assistance for Individuals with Disabilities

Qualified individuals are entitled to reasonable accommodations under the Americans with disabilities Act (ADA regulations). Accommodations are determined on a case-by-case basis. Colby's Associate Dean of Students, Coordinator of Academic Support Services serves as a link between individuals with disabilities and the campus community. All information will be considered confidential and released only to appropriate personnel on a need-to-know basis. To be considered to access services, individuals must initiate a request by submitting this form for specific accommodations (extended time on exams, note-takers, etc.). Accommodations prescribed apply only to Colby College and may not be valid elsewhere. The individual student takes full responsibility for ongoing assistance.

In order to receive services/accommodations, verification of a disability is required. Documentation is required.

(Documentation guidelines can be accessed at www.colby.edu/dos)

If necessary, individuals may attach a typed response.

| | | | |
|----------------------|------------|------------|-----|
| Student Name | Date | College ID | |
| Home Address: Street | City | State | Zip |
| Home Telephone | Cell phone | Email | |

Check which is applicable: Physical Disability Learning Disability Psychological Disability ADD

Do you have a mobility concern that would prevent you from evacuating a building in an emergency?

Yes No Please describe your disability: _____

Have you been exempt from a foreign language in high school? Yes No

Colby College does not exempt students from its foreign language requirement, though students can petition the Foreign Language Modification Committee.

In the past have you required any classroom accommodations? Yes No

If yes, please describe such accommodations; _____

Will you be requesting classroom accommodation or modification at Colby College? If so, please describe. *(A request is not guaranteed to be granted. A thorough review of submitted documentation and a personal meeting with the Associate Dean of Students for Academic Affairs is necessary to determine whether a student has a disability that substantially limits a life function, including the ability to read, write, or learn at the college level.*

Will you be submitting documentation to verify your disability? Yes No

I give permission to the Dean of Students Office to discuss aspects of my disability with my instructors, advisor(s), and other appropriate personnel as needed to assist in the successful completion of my coursework. I take full responsibility for any ongoing assistance.

Student's Signature _____ date _____

Deans Office use:
 Accommodations granted: _____ date: _____