

THE OFFICE OF LEARNING SERVICES

Special Assistance Request Form for Students with Disabilities

All information is confidential

Millersville University is an Equal Opportunity/Affirmative Action institution. This includes Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and the Americans with Disabilities Act of 1990. Coordinators: Services for Students with Disabilities - Dr. Sherlynn Bessick, Director, Office of Learning Services, (717) 871-5554; Title IX - Ms. Elizabeth Swantek, Title IX Coordinator, (717) 871-4100; ADA Coordinator - Mr. Patrick Weidinger, Director of Occupational Health & Safety, Dilworth Administration Building, (717) 871-4950.

Instructions for completion of this form

The arrangement of reasonable physical and academic accommodations takes time and may require follow-up interviews. Please submit your request at the earliest possible date.

- 1-7. **General Contact Information (required).** Please print all information.
8. **Disability Information (required).** Briefly describe your diagnosed disability.

(i.e., dyscalculia, dyslexia, information processing disorders, ADD/ADHD, hearing impairment, visual impairment, paraplegia, asthma, depression, bipolar disorder, etc).
9. **Accommodations Requested (required).** List the special accommodations you are requesting.

(i.e.: note takers, extended test-taking time, audio books, special residence hall requirement, sign language interpreter, writer for tests, wheelchair accessibility in the classroom, writer for tests, etc.)

Important: Please see Documentation Guidelines on our website for detailed information on requirements for appropriate disability documentation.
<http://millersville.edu/learningservices/>
10. **Comments (optional):** Please use this space to provide further explanation of your disability and request for special assistance.
11. **Disclosure Statement (required)**
 - > Please be certain you have read, signed, and dated the disclosure statement (#11 below)

Millersville University does not discriminate on the basis of disability status in admission or access to its programs and activities. Individuals are encouraged to make the University aware of any permanent or temporary disability. Arrangements will be made to secure auxiliary aids and services, when necessary, to ensure that such students are not denied the benefits of, excluded from participation in or otherwise subject to discrimination under programs and/or activities at Millersville University. This policy extends to full-time, part-time and non-degree students and students enrolled in both credit and non-credit courses.

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ACCOMMODATIONS WILL DEPEND UPON APPROPRIATE VERIFICATION OF DISABILITY

You may provide verification documentation with this form **or** send it under separate cover as it becomes available. Please forward to:

The Office of Learning Services
352 Lyle Hall
Millersville University
P.O. Box 1002
Millersville, PA 17551-0302

ADDRESS ADDITIONAL QUESTIONS REGARDING ASSISTANCE FOR STUDENTS WITH DISABILITIES TO:

TELE: 717-871-5554

FAX: 717-871-7943

E-MAIL: LEARNING.SERVICES@MILLERSVILLE.EDU

1. Date _____ Undergraduate Student _____ Graduate Student _____

2. Name: First, Middle, Last *(please print clearly)*

3. Home Address _____

Campus Address, if applicable _____

4. **MU** E-mail (if applicable) _____

5. **Other** E-mail _____

6. Phone (**cell**) _____ Phone (**other**) _____

7. MU ID # _____

[continued on reverse]

8. Give a brief description of your diagnosed disability(ies):

9. What accommodations are you requesting for your disability(ies)?

10. Comments: _____

11. **Disclosure statement for Students with Disabilities:**

The Office of Learning Services will make every effort to serve your special needs. In doing so, our office may need to make arrangements for your academic experiences on campus. This may require limited disclosure of your information in order to facilitate your special needs. You may withdraw this authorization at any time. **Please sign and date below:**

I authorize The Office of Learning Services to disclose information about me to University departments, as needed, to arrange accommodations for me.

Signature: _____ Date: _____

Please specify below, by name & relationship, the individual(s) you will allow The Office of Learning Services to speak with on your behalf (such as parents, legal representative, guardian, etc.).

Please print:

Important

Accommodations will be considered upon receipt of appropriate documentation of disability.