



**DISABILITIES DISCLOSURE  
AND  
ACCOMMODATION REQUEST**

**This form should be completed when a student has indicated his or her desire to request reasonable accommodation(s)\*\* from the college for a learning, physical or psychological disability\*. This disclosure and accommodation request is for the purpose of allowing the student to meet and perform the academic standards of an educational program or activity or to enjoy equal benefits and privileges of education as are enjoyed by similarly situated students without disabilities.**

**Full Name** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City**\_\_\_\_\_ **State**\_\_\_\_\_ **Zip**\_\_\_\_\_

**Identify and describe the physical, learning or psychological disability, illness, condition or disease that is the basis for your request for reasonable accommodation(s) by the college. Be specific:**

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**Describe how this disability affects your academic work, class schedule, class location and/or residential living situation:**

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**Identify and describe the reasonable accommodation(s) needed to enable you to meet or perform the academic standards of your educational program:**

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**Identify and describe any equipment, aids and/or services that you currently use and are willing to provide and/or utilize:**

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Information concerning your disability will be treated confidentially and will be shared with staff at the college on a "need to know basis." By checking "Yes" below and signing this form, you give Montreat College permission to share information concerning your disclosed disability and request for reasonable accommodation(s) with campus professionals who "need to know" (professors, advisers, counselors) and to work with you to complete an Accommodation Plan for you to give to your professors and advisor and other appropriate campus officials.

\_\_\_\_\_ Yes, I request assistance in arranging for my reasonable accommodation(s) and will complete the Accommodations Request Form.

\_\_\_\_\_ No, I am not requesting accommodation at this time.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Please attach appropriate documentation to support your request, including names and addresses of physicians, therapists, psychologists or other health care providers who have information concerning your disability.**

**Name, address, phone, e-mail and fax of health care providers:**

I hereby authorize the above-listed health care providers (and any others who have treated me) to release to Montreat College all medical records concerning the disability disclosed herein and to provide any opinions to the college concerning my ability to (1) meet and perform the academic standards requisite to performance of the educational program or activity that is the subject of this request and (2) to enjoy equal benefits and privileges of education as are enjoyed by other similarly situated students without disabilities. I certify that I have read, reviewed and been informed of the academic requirements as outlined in the Montreat College catalog ([www.montreat.edu](http://www.montreat.edu)). I further certify that the foregoing statements are complete, accurate and true to the best of my knowledge. I also understand the college may require me to undergo further testing for the purpose of establishing existence and/or extent of my disability, illness, condition or disease and my need for reasonable accommodation(s). I understand that this authorization is in effect for two years from the date signed and may be revoked by me in writing at any time.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please make copies of this form for your records and to give to your health care providers so that they may release your records to the college. Mail this form and any associated documentation to:

**Director of Student Success  
Montreat College  
PO Box 1267  
Montreat, NC 28757**

\*"Disability" includes a physical or mental impairment that substantially limits one or more major life activities. Major life activities include such things as caring for oneself, performing manual tasks, walking, sitting, standing, lifting, reaching, seeing, hearing, breathing, learning and working.

\*\*"Reasonable Accommodation" includes any modification or adjustment to the admissions process or educational environment of the college to enable an applicant or student to be considered for admission, to meet and perform requisite academic standards or to enjoy equal benefits and privileges of education.