Disabilities Disclosure and Request for Accommodation

If you have a documented disability (a learning disability, ADD, ADHD, mobility problems, health concerns, significant hearing or vision problems) that will require accommodation, please complete this form and provide documentation from an appropriate licensed or certified professional. The requirements for the documentation can be obtained from the Learning Center.

Dr. Jim Gulledge
Pfeiffer University
Director of Academic Support Services/504 Officer
P.O. Box 960
Misenheimer, North Carolina 28109
(704) 463-3366

Full name ____________________________

Phone number ____________________________  E-mail address ____________________________

ALL INFORMATION ABOUT YOUR DISABILITY WILL BE TREATED CONFIDENTIALLY.

What is your disability? (Be specific: health, dyslexia, etc.) ____________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

How does this disability affect your class work, class schedule or class location? ____________________________

____________________________________________________________________________________________

_____________________________________________________________________________________________
What accommodations are required?
_______________________________________________________________

_____________________________________________________________________________________________
_____________________________________________________________________________________________

Please note that all appropriate documentation must be submitted before accommodations can be implemented. We request that you give permission for the Disabilities Officer to share information related to accommodations that you require with others (professors, advisors and counselors) on a “need to know” basis. If you agree, the Disabilities Officer will prepare letters concerning appropriate accommodations for your professors and advisor.

___ Yes, I agree that the Learning Center arrange my accommodations, sharing information only as needed once I have provided all of the necessary documentation.

___ No, I am not requesting accommodations at this time.

_______________________________________________  ____________________
Student signature            Date