

Date: _____
Semester: _____

Voluntary Disclosure of Disability

Niagara University Office of Academic Support: Specialized Support Services

Qualified individuals are entitled to reasonable accommodations under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. Accommodations are determined on a case-by-case basis by the Coordinator of Specialized Support Services (SSS).

In order to receive services/accommodations, verification of a disability is required. All information will be considered confidential and released only to appropriate personnel on a need to know basis. To access services, individuals must initiate a request (see below) for specific services and accommodations. The earlier individuals request accommodations, the more effective the university can be in facilitating the appropriate support. Accommodations are not retroactive; it is best to request accommodations before difficulties arise.

To initiate a request for accommodations please complete this form *each semester* and return to:

**Diane Stoelting, Coordinator Specialized Support Services
Seton Hall, First Floor, Niagara University NY 14109
(716) 286-8076, ds@niagara.edu, <http://www.niagara.edu/oas/>**

Name _____ Student # _____

Home Address & C/S/Z _____

Home Telephone # _____ Home email _____

Local Address & C/S/Z _____

Local Telephone # _____ Local email _____

Current Academic Information: Freshman Senior
 Sophomore Graduate Student
 Junior Other: _____

PARENT INVOLVEMENT:

I give permission to the SSS Office to discuss my academic/non-academic accommodations with my parent(s)/ guardian(s) printed below: Yes No

Student Signature & Date

Parent or Contact Person _____

Address & C/S/Z _____

Telephone & Other Contact Information _____

What is the nature of your disability? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> Orthopedic/Mobility Impairment |
| <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Blind/Visually Impaired | <input type="checkbox"/> Neuro-Muscular Disease |
| <input type="checkbox"/> Specific Learning Disability (please explain): _____ | |
| <input type="checkbox"/> Other Health Impaired (please explain): _____ | |

Do you use:

- Wheelchair
- Crutches/Walker
- Hearing Aid
- Service Animal – *registry required. See SSS for more information.*
- Personal Care Attendant -- *registry required if living in residence. See SSS for more information.*

Do you have a mobility or sensory impairment that would prevent you from evacuating a building in an emergency?

- Yes, please provide me with emergency evacuation information.
- No

Please indicate your needs below. *Note: Requests for accommodation are not automatically approved. A thorough review of submitted documentation and an interview is necessary to determine whether the student has a disability that substantially limits a major life function, including the ability to read, write or learn at the college level. The requested accommodations should be specific to the functional limitation(s).*

Alternative Testing:

- Extended time
- Separate location
- Reader/Scribe
- Use of a computer (e.g., word processor, voice read-back, voice input)
- Other:

Adaptive Equipment Use:

- Alternative chair/table
- Assisted listening device
- Taping of lectures
- Other:

Classroom Assistance:

- Notetaker
- Preferential seating
- Sign Language Interpreter
- Other:

Alternative Print:

- Audio (Electronic print, tape)
- Braille / Large Print (indicate font size: _____)
- Other:

Non-academic Accommodations:

- On-campus housing accommodations
- Food service accommodations
- Other:

Other: _____

Assistive Technology Available:

JAWS – screen reader for individuals who are blind or visually impaired. Located in Library, IT Labs, OAS.
 Kurzweil 3000 – screen reader for individuals with learning disabilities. Located in OAS.
 Dragon Dictate – voice input. Located in OAS.
 AlphaSmart – portable word processor. Loan option is available although limited.
 Screen readers – information is available on free downloadable readers. Please see Specialized Support Services.

Will you receive the assistance of an outside agency (please check all that apply):

- Vocational & Educational Services for Individuals with Disabilities, contact: _____
- Commission for the Blind & Visually Handicapped, contact: _____
- Other, please specify agency and contact: _____

I give permission to Specialized Support Services to release this confidential information to my faculty and other appropriate personnel (safety, etc.) on a need-to-know basis.

Student's signature

Date