



ALLEGHENY COLLEGE

THE LEARNING COMMONS
520 North Main Street
Meadville, PA 16335

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. The Learning Commons serves as a link between individuals with disabilities and the Allegheny College community. In order to receive accommodations for any disability, it is necessary for you to provide **complete current (within 3 years) documentation of the disability**. All information will be considered confidential and only released to appropriate personnel on a need to know basis. Please forward any supporting documentation of a disability along with this form to John Mangine, Student Disability Services Coordinator, Box 6, Allegheny College, 520 N. Main St, Meadville, PA 16335. Please submit this information before July 1st. The documentation must include the following:

- a) diagnosis and methods used to arrive at diagnosis (i.e. tests and their results);
- b) past, current, and ongoing treatment;
- c) medications currently prescribed and being taken, if any;
- d) functional limitations of condition;
- e) ways the condition limits a major life activity.

Name _____ Date _____ SS# _____

Home Address _____ City _____

State _____ Zip _____ Home Phone _____

Circle which is applicable: Physical Disability Learning Disability Psychological Disability

Please describe your disability _____

In the past, have you received any accommodations for your disability? (Circle One) Yes No

If yes, please describe such accommodations _____

If you feel that some accommodation(s) would aid you in having equal access to all of our programs, please describe _____

Do you have a mobility concern that would prevent you from evacuating a building in an emergency? (Circle One) Yes No

If you would like to discuss your particular situation, please feel free to call 814-332-2898, or if you prefer, indicate below where we might reach you.

Telephone Number: _____

I give permission to the Learning Commons to release this confidential information to my faculty, advisors, and other appropriate personnel on a need-to-know basis. I take full responsibility for any ongoing assistance.

Student's Signature _____

Date _____