Student Accessibility

Request for 504/Disability-Related Academic or Residential Life Accommodations

In accordance with the provisions of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Amendments Act of 2008, Vassar College seeks to provide students with documented disabilities those support services and other reasonable accommodations needed to ensure equal access to the programs and activities of the college. The **Office for Accessibility and Educational Opportunity** supports this mission by coordinating auxiliary aids, accommodations, and services for self-identified students with disabilities. Disabilities may include, but are not necessarily limited to, learning disabilities (LD), attention deficit/hyperactivity disorder (AD/HD), psychological disorders, mobility and orthopedic impairments, chronic medical conditions, sensory loss, and substance abuse/recovery.

Students may register for accommodations and services with the **Office for Accessibility and Educational Opportunity** by providing appropriate documentation of their disability or disabilities. Documentation must indicate a specific diagnosis, and state how the disability and/or related medications and treatments interfere with or limit any major life activity including current participation in courses, programs, or activities of the college. Please refer to **aeo.vassar.edu** for specific guidelines for documenting a learning disability, attention deficit/hyperactivity disorder (AD/HD), psychological disorders, and chronic health impairments. The cost of obtaining documentation is the responsibility of the student. Please contact the **Office for Accessibility and Educational Opportunity** for more information about services, (845) 437-7584.

Student Contact Information

To request accommodations, complete and return by **June 1**

Name (Last, First, Middle)

Gender / Pronouns

Class

Legal Name (if different from above)

Chosen Name

Permanent Address (Street)

Apt. Number

City

State

Zip

Nation (if not US)

Home Phone

Student Cell Phone

Email Address

Disability Information

Please state your diagnosis or diagnoses:

Complete additional questions on reverse

Please list the accommodations or services that you would like to request as they relate to academics, housing, and/or meal plan:

Documentation from a licensed professional is:

Enclosed Being sent under separate cover Expected delivery date

Is there additional information you would like to share that, along with your documentation, will be helpful in determining accommodations?

Release of Documentaion

I (please print name), _____ hereby authorize the Office for Accessibility and Educational Opportunity at Vassar College to receive documentation of my disability. I understand that this information will be used only for the purpose of enabling Vassar College to provide me with reasonable and appropriate accommodations and services as related to my disability or disabilities. I understand that the Office for Accessibility and Educational Opportunity may contact the person providing the documentation for further information.

Signature Date

Signature of parent or guardian (if under 17) Date

Name of Physician or Diagnostician Title and Credentials

Agency or Affiliation

Address City

State Zip Phone Fax

Office for Accessibility and Educational Opportunity, Vassar College, Box 164, 124 Raymond Avenue, Poughkeepsie, NY 12604
Phone (845) 437–7584 Fax (845) 437–5715 TTY (845) 437–7750 aeo.vassar.edu