

THE OFFICE OF LEARNING SERVICES

Special Assistance Request Form for Students with Disabilities

All information is confidential

Millersville University is an Equal Opportunity/Affirmative Action institution. This includes Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and the Americans with Disabilities Act of 1990. Coordinators: Services for Students with Disabilities - Dr. Sherlynn Bessick,

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8. Give a brief description of your diagnosed disability(ies):

9. What accommodations are you requesting for your disability(ies)?

10. Comments:

11. Disclosure statement for Students with Disabilities:

The Office of Learning Services will make every effort to serve your special needs. In doing so, our office may need to make arrangements for your academic experiences on campus. This may require limited disclosure of your information in order to facilitate your special needs. You may withdraw this authorization at any time. Please sign and date below:

I authorize The Office of Learning Services to disclose information about me to University departments, as needed, to arrange accommodations for me.

Signature: _____ Date: _____

Please specify below, by name and relationship, the individual(s) you will allow The Office of Learning Services to speak with on your behalf (such as parent[s], legal representative, spouse, guardian, etc.).

Please print:

<p>Important Accommodations will be considered upon receipt of an appropriate documentation of disability.</p>
