

# VOLUNTARY DISCLOSURE OF A DISABILITY

**Deadline: June 30**

**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. Student Disability Services 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, Director of Disability Services, Box 6, Allegheny College, 520 N. Main St, Meadville, PA 16335. 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.

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**Mail to:**  
**Allegheny College**  
**Center for Student Success**  
**520 N. Main Street**  
**Meadville, PA 16335**

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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 me at 814-332-2898, or if you prefer, indicate below where I might reach you.

Telephone Number: \_\_\_\_\_

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date