

**Disability  
Self-Disclosure Form**  
Required of students  
requesting accommodations

**Questions:**  
330-569-5952 (office)  
330-569-5418 (June/July)  
330-569-5398 (fax)  
taylorlb@hiram.edu

Return to:  
**Hiram College**  
Coordinator of Services for  
Students with Disabilities  
P.O. Box 67  
Hiram, OH 44234

If you wish to seek accommodations due to a disability, please complete the following form. You also must send documentation of your disability as detailed in the College web site or the information in this publication. All documentation will be kept confidential and maintained separately from your student academic record.

Full name:

Date:

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

\_\_\_\_\_  
Home e-mail address:

\_\_\_\_\_  
Home telephone:

\_\_\_\_\_  
Home address

\_\_\_\_\_  
Cell Phone:

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

1. Describe your disability(ies):

\_\_\_\_\_  
\_\_\_\_\_

2. Describe how your disability affects your learning & participation in an academic environment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What support services or accommodations did you receive in high school?

\_\_\_\_\_  
\_\_\_\_\_

4. What support services or accommodations do you plan to ask for at Hiram?

\_\_\_\_\_  
\_\_\_\_\_

Students must provide complete documentation before receiving accommodations. I hereby authorize the Coordinator of Student Disability Services to disclose information about my accommodation needs to my faculty and personnel directly involved in providing academic or support services. I understand that Hiram College reserves the right to request additional or more current documentation in order to identify a disability and/or reasonable accommodations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date