

**Disability
Self-Disclosure Form****Required of students requesting academic
and/or residential accommodations****Questions:**
330-569-5418
(office)
330-569-5398
(fax)
feisthamelkp
@hiram.eduReturn to:
Kevin Feisthamel Ph.D.,
LPCC-S Coordinator of
Services for Students
with Disabilities Hiram
College P.O. Box 67
Hiram, OH 44234

If you are a student with a disability and wish to request accommodations, please complete this form. You also must provide 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 Initial	Last
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Home e-mail address: Home Phone

Home address: Cell Phone:

Number and Street

City State Zip

1. Describe your disability(ies):

2. Describe how your disability(ies) affects your learning & participation in an academic environment and/or a residential 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 complete this form and provide current, detailed documentation before accommodations can be provided. 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, residential 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 appropriate accommodations.

Signature

Date