

REQUEST FOR APPEAL AND AUTHORIZATION TO RELEASE INFORMATION

I have been provided with a copy of the Hiram College Student Disability Appeals Procedures. I have received and understand these procedures.

I request implementation of these procedures as a possible means of resolving a denial of a request for academic adjustments and/or auxiliary aids and services that I have explained in an attached description.

I have attached a written description that provides details of the circumstances leading me to appeal the denial of my request for academic adjustments and/or auxiliary aids and services. It includes, with all possible accuracy, the date of request for accommodations and subsequent denials, as applicable.

I understand that the procedures may require the release of information about my appeal, including documents and other information relating to my disability, to various persons who may be involved in these procedures. I authorize Hiram College's Coordinator of Student Disability Services and others involved in the procedures to release such information for this purpose.

I understand that the decision regarding my appeal will be communicated to me in writing following due procedures.

STUDENT SIGNATURE: _____

DATE: _____

STUDENT NAME (please print): _____

ADDRESS: _____

TELEPHONE: _____ (CELL) _____
(HOME/DORM)

This completed form should be filed with Hiram College's Student Disability Services office.