



STUDENT DISABILITIES REPLY FORM

Welcome to Dartmouth!

If you have a temporary or long-term disability (examples: eyesight, hearing, psychiatric or mobility impairments; epilepsy, chronic diseases, dyslexia, and other learning disabilities) we request your cooperation in completing this form. Any information you supply is strictly voluntary. The information will be shared only with appropriate College officials in coordinating support services and accommodations.

The U.S. Department of Education has defined a disabled person as: "Any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment or is regarded as having such an impairment." (Federal Register, Part IV, 4 May 1977)

PERSONAL AND CONFIDENTIAL

Please return this form to the above address ONLY if you require accommodations.

Please specify anticipated accommodations or support services, e.g. readers, notetakers, accessible housing, special test arrangements, etc.

Nature of disability (please include learning disabilities):

Names: _____ Phone: _____

Address: _____

Please feel free to write a separate letter and to forward any reports, articles, or other information that would be helpful as we plan for your arrival.

Do you require special assistance in an emergency – including any special equipment, medication, or device – please describe: _____
