



Student Disabilities Accommodations/Consent Form

Name: _____ **Telephone:** _____

I.D#: _____ **Year:** _____ **Program:** _____

Local Address: _____

Requested Accommodations

Course/Activity:

List Requested Accommodations:

Supported by documentation? **Yes** **No**

Explain if NO:

Student Consent/Release of Information

I understand that the above information, provided by me, will be used by the Student Disabilities Coordinator in conjunction with Dartmouth College policies to assess and implement, as appropriate, my request for accommodations related to academic and other College-sponsored programs. If I choose to request accommodations, I will identify myself to faculty or program directors early in the term. I understand that it is my responsibility to request specific accommodations. I authorize the Student Disabilities Coordinator to have conversations with key individuals to further clarify their ability to provide necessary assistance. I authorize the Student Disabilities Coordinator to contact my clinician if questions about documentation arise. I understand that I may amend or revoke the Student Disabilities Coordinator's authorization to act on my behalf at any time.

Student's Signature _____ **Date:** _____