

**Howard University, Division of Student Affairs
Office of Student Services
Disability Services
Howard Center, Suite #725
2225 Georgia Avenue NW
Washington, DC 20059
(202) 238-2420 P (202) 588-9755 F**

Self Identification Of Disability Form

Howard University is committed to providing access and reasonable accommodations to persons with documented disabilities in accordance with the American with Disabilities Act (ADA) of 1973 and other relevant federal, state and local disability and anti-discrimination laws. The University, through its Disability Services Program will coordinate and provide services to assist students with disabilities maximize their educational potential through their awareness of available resources.

RELEASE OF INFORMATION

I, _____
(print name)

Hereby permit the Office of Student Services to release information to appropriate University personnel, to aid in the consideration and implementation of disability accommodations. This may include: medical information, academic information and diagnostic testing/evaluation results. I understand that I may cancel this permission at any time by informing the Office of Student Services in writing. Otherwise, the permission will expire one year after completion of services provided through the Disability Services Program. I understand that all materials supporting my request for accommodation are confidential.

Student
Signature: _____ Date: _____

Please Complete the Following Information

First Name: _____ M _____ Last Name: _____

Local Address: _____

City: _____ State: _____ ZipCode: _____

Phone/TTD: _____ email: _____ HUID: _____

School/College: _____ Major _____ Classification: _____ Grade Point Average _____

Academic Advisor _____

Identify Disability

Blind/ Visual Impairment _____

Mobility/Physical Impairment _____

Deaf/Hearing Impairment _____

Psychiatric Illness _____

Speech Impairment _____

Chronic Illness _____

Specific Learning Disability _____

Paralysis _____

Attention Deficit Disorder _____

Missing Extremities _____

Other _____

STUDENT REQUEST FOR REASONABLE ACCOMMODATIONS

1. What is the type of disability that limits one or more of your major life activities?

2. Please describe the nature and extent of your disability. Describe the limitations imposed by your disability and how those limitations interfere with your ability to meet a specific academic requirement(s).

3. What type of accommodation do you require?

- Accessibility Information
- Parking
- Tutors
- Testing assistance
- Adaptive technology
- Extended Time

- Other
- Sign language interpreters
- Chronic Illness
- Psychiatric Illness
- Course Exemption
- Other Explain _____

4. Please describe the specific reasonable accommodation or academic adjustment you are requesting and how the accommodation will enable you to meet Howard University's academic requirement(s).

Requests for accommodations will be considered from a student with disability to the extent that the accommodation does not fundamentally alter the nature of Howard University's academic program or represent an undue hardship to the University. Howard will not pay costs incurred in obtaining the required documentation. Howard will work with a student and their doctor to try to accommodate requests or provide alternatives, however, not every request can be accommodated.

Disability accommodations cannot be considered without appropriate and sufficient medical/diagnostic documentation from a physician or diagnostician. Medical/diagnostic documentation must be on a physician's letterhead, dated and signed. Letters must include :

diagnosis, nature of disability, outline of limitations, duration and the doctor's recommended accommodations.

Documentation for learning disabilities must be recent, no more than five (5) years old. And include: specific diagnosis and a summary report form a qualified professional and scores of test battery administered tests, Quantitative Intelligence or Cognitive Ability Test Score, Quantitative Achievement Test Score, Standardized Achievement Test Score in specific area, ie. reading, math, written expression, along with the doctor's recommended accommodation(s)

Emergency Contact Information:

Name: _____

Address: _____

Telephone _____ Mobile _____ E-mail _____

Relationship to Student _____

Student Signature: _____ Date: _____