CLAREMONT McKENNA COLLEGE

Request for Disability Support Services

This form is to be completed by the student requesting services. It is important that you respond to all of the questions as best you can. If you have questions, please contact Kari Rood at 909-621-8114. Specific information about the type of documentation necessary is available on the Dean of Students website at: www.cmc.edu/disabilityservices. Submit your completed form and current documentation to: Kari Rood, Assistant Dean of Students for Disability Services & Academic Success, 400 E. 9th Street, Claremont, CA 91711, email: disabilityservices@cmc.edu.

Name: _____ **Student ID**: _____

Cell Phone: _____ **Email**: _____ @cmc.edu

Major: _____ **Preferred Name**: _____

Status: _____ Incoming Student _____ Freshman _____ Sophomore _____ Junior _____ Senior

What is the nature of the disability for which you are requesting services? Please check all that apply.

_____ Learning Disability _____ ADD/ADHD _____ Psychiatric Disability

_____ Physical limitation _____ Hearing Impairment _____ Visual Impairment

_____ Other (please specify): _____

Duration of above condition(s): _____ Permanent/Chronic _____ Temporary _____ Unknown

Requested Accommodation(s): Based on your disability, please indicate the accommodations you believe you will need in college in order to have equal access. (Please note: approval of any accommodations will be based on review of your supporting documentation of the disability.)
_____
_____
_____

Describe the accommodations you have received in the past, including the nature of the accommodation(s), the names of the providing institutions, and the dates provided.
_____
_____
_____

I understand that the CMC disability coordinator must receive this completed form and appropriate professional documentation prior to consideration and provision of accommodations. Generally, it takes up to fifteen (15) business days for this process to be completed. Information submitted regarding my disability and accommodation request will not be placed in my education record.

I understand that the College may require me to undergo further testing for the purpose of establishing the existence and/or extent of my disability, illness, condition or disease and my need for reasonable accommodation(s).

I understand that by signing below, I am initiating a request to be established as a student with a disability in accordance with state and federal regulations and to have reasonable accommodations provided.

With my signature below, I give permission for Monsour Counseling & Psychological Services (MCAPS) and/or Student Disability Resource Center (SDRC) staff to review the documentation I have provided to the CMC Associate Dean of Students for Academic Success and to give feedback regarding appropriate accommodations to the CMC disability coordinator and/or DOS staff as necessary.

Student Signature: _____ Date: _____