# Student Accessibility

**Request for 504/Disability-Related Academic or Residential Life Accommodations**

In accordance with the provisions of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Amendments Act of 2008, Vassar College seeks to provide students with documented disabilities those support services and other reasonable accommodations needed to ensure equal access to the programs and activities of the college. The **Office for Accessibility and Educational Opportunity** supports this mission by coordinating auxiliary aids, accommodations, and services for self-identified students with disabilities. Disabilities may include, but are not necessarily limited to, learning disorders (LD), attention deficit/hyperactivity disorder (AD/HD), psychological disorders, mobility and orthopedic impairments, chronic medical conditions, sensory loss, and substance abuse/recovery.

Students may register for accommodations and services with the **Office for Accessibility and Educational Opportunity** by providing appropriate documentation of their disability or disabilities. Documentation must indicate a specific diagnosis, and state how the disability and/or related medications and treatments interfere with or limit any major life activity including current participation in courses, programs, or activities of the college. Please refer to [aeo.vassar.edu](mailto:aeo.vassar.edu) for specific guidelines for documenting a learning disability, attention deficit/hyperactivity disorder (AD/HD), psychological disorders, and chronic health impairments. The cost of obtaining documentation is the responsibility of the student. Please contact the **Office for Accessibility and Educational Opportunity** for more information about services, (845) 437-7584.

### Student Contact Information

<table>
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<tr>
<th>Name (Last, First, Middle)</th>
<th>Gender / Pronouns</th>
<th>Class</th>
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<tr>
<th>Legal Name (if different from above)</th>
<th>Chosen Name</th>
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<thead>
<tr>
<th>Permanent Address (Street)</th>
<th>Apt. Number</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Nation (if not US)</th>
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<thead>
<tr>
<th>Home Phone</th>
<th>Student Cell Phone</th>
<th>Email Address</th>
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### Disability Information

Please state your diagnosis or diagnoses:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

*Complete additional questions on reverse*
Please list the accommodations or services that you would like to request as they relate to academics, housing, and/or meal plan:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Documentation from a licensed professional is:

[ ] Enclosed [ ] Being sent under separate cover [ ]

Expected delivery date

Is there additional information you would like to share that, along with your documentation, will be helpful in determining accommodations?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Release of Documentation

I (please print name), ________________________________ hereby authorize the Office for Accessibility and Educational Opportunity at Vassar College to receive documentation of my disability. I understand that this information will be used only for the purpose of enabling Vassar College to provide me with reasonable and appropriate accommodations and services as related to my disability or disabilities. I understand that the Office for Accessibility and Educational Opportunity may contact the person providing the documentation for further information.

Signature

Date

Signature of parent or guardian (if under 17)

Date

Name of Physician or Diagnostician

Title and Credentials

Agency or Affiliation

Address

City

State

Zip

Phone

Fax

Office for Accessibility and Educational Opportunity, Vassar College, Box 164, 124 Raymond Avenue, Poughkeepsie, NY 12604
Phone (845) 437-7584  Fax (845) 437-5715  TTY (845) 437-7750  aeo.vassar.edu