Office of Disability Support Services
Disability Disclosure Form

In accordance with provisions of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, Fairleigh Dickinson University, College at Florham provides reasonable accommodations needed to ensure equal access to the programs and activities of the University to those students with documented disabilities. In order to be eligible for disability-based accommodations under Section 504 or the ADA, the student must be shown to have an impairment that substantially limits a major life activity. Qualifying disabilities may be related to (but are not limited to) mobility impairments, vision impairments, hearing impairments, chronic conditions, and learning disabilities. A student who requests support services or academic accommodations on the basis of a disability is required to submit appropriate professional documentation supporting the legitimacy of the request.

The Office of Disability Support Services coordinates services for students with disabilities. Students requesting accommodations from FDU should: complete and return this form to:

Mr. Darshan Shah
Coordinator for Disability Support Services
Fairleigh Dickinson University, College at Florham
285, Madison Avenue, M-LAO-01
Madison, New Jersey, 07940

All information about a student’s disability is considered to be confidential and will remain within the Office of Disability Support Services. All students requesting accommodations must provide current (within last 2 years) documentation from a qualified professional.

Accommodations are class specific and it is the student’s responsibility to request accommodations. A meeting must be scheduled with FDU’s Disability Specialist to determine eligibility for such accommodations. Please note: Completion of this form alone does not ensure access to services.

Name: ____________________________________________ Student I.D. (if have one) __________________________
Home Address: ____________________________________ Home Phone: ____________________________
Home Phone: ____________________________ Cell Phone: ______________________________
Date of Birth: ____________________________ Email: _________________________________________

☐ Attention Deficit Hyperactivity Disorder
   Specify: ____________________________________________

☐ Learning Disability
   Specify: ____________________________________________

☐ Mobility Impairment
   Specify: ____________________________________________

☐ Blind/Low Vision/Visual Impairment
   Specify: ____________________________________________

☐ Deaf/Hearing Impairment
   Specify: ____________________________________________

☐ Psychiatric/Mental Health
   Specify: ____________________________________________

☐ Health Impairment/Chronic Medical Condition
   Specify: ____________________________________________

☐ Traumatic Brain Injury

☐ Other: ____________________________________________

(Updated on 02/24/2011)