SPECIAL NEEDS SELF-DISCLOSURE FORM
REQUEST FOR ACCOMMODATION OF DISABILITY

Return completed form and supporting documentation at least **30 days before the start of the semester to:**

Special Needs Committee
Fairleigh Dickinson University
Office of the Metropolitan Campus Provost, T-RH2-09
1000 River Road, Teaneck, NJ 07666

Please print or type:

Date: ____________________               FDU ID # if you have one: ____________________

Semester for which accommodation is requested:   ____ fall       ____ spring       ____ year

Name: ______________________________________________________________________

Home Address: ______________________________________________________________________

_______________________________________________________________________

On-Campus Address (if any): __________________________________________________________

Home Telephone Number: (_ _ _) _ _ _ - _ _ _

On-Campus Telephone Number (if any): _ _ _ _

E-mail Address:____________________@___________________________________________

Please List below accommodations you are seeking and what documentation you are supplying to support these accommodations. (Please note that supporting documentation must support the request):

(Over)
Dear Special Needs Committee:

I am writing to seek accommodation for a disability as defined by the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973.

Attached is a description of my disability and diagnostic or evaluative materials provided by an appropriate certified or licensed professional which is dated within 3 years of the date of my request for accommodation. (Additional materials may also be forwarded directly to the Provost’s Office from the appropriate certified or licensed professional. Please use the address above.)

The University will make appropriate efforts to keep all material I submit confidential; the material will not be shared with individuals outside the Special Needs Committee and others with a need to know unless I request the Committee do so in writing.*

I am also enclosing a written request for a specific reasonable accommodation, which is fully described. I understand that Fairleigh Dickinson University reserves the right to determine the reasonability of the request and alternative accommodations. (If your disability is already on file in a department of the University other than the Provost’s Office, please indicate the name of the office in your request.)

Student’s Signature:

_________________________________________________________________

*Release: I hereby agree that all materials concerning my disability and my request for accommodation may be released to members of the Special Needs Committee so that they may determine reasonable accommodation.

Student’s Signature:

_________________________________________________________________

Revised 8/02