To: All the Students Accepted to the Metropolitan Campus of FDU  
From: The Office of the Campus Provost  
Re: Accommodation of Special Needs

Welcome to Fairleigh Dickinson University! FDU adheres to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Individuals who are qualified to participate in academic programs and who have disabilities such as, but not limited to, the following may be covered by these laws:

- Blindness or visual impairments
- Cerebral palsy
- Chronic illnesses such as AIDS, arthritis, cancer, cardiac diseases, chronic fatigue syndrome, diabetes, multiple sclerosis, muscular dystrophy, psychiatric disorders
- Deafness or hearing impairments
- Drug or alcohol addiction (section 504 covers former users and those in recovery programs and not currently using drugs or alcohol)
- Epilepsy or seizure disorders
- Orthopedic handicap
- Specific learning disability
- Speech disorder
- Spinal cord or traumatic brain injury

A college or university has the flexibility to select the appropriate accommodation after consultation with the student. If you feel you are eligible for accommodation, please complete the back of this form and mail it to the Office of the Provost (address below).

You are advised to request in writing a specific accommodation for your disability, providing complete documentation, at least 30 days before the start of the semester. With less notice, the University’s ability to respond with the appropriate accommodation cannot be assured and, consequently, your ability to enroll in specific courses or your academic program in general might be delayed. Initial documentation of your disability must be dated within 3 years of the date of your request for accommodation.

Please use the form on the back of this sheet to send your written request to:

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

Revised 8/02
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: ____________________ @

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 Provosts’ 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 to 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 Provosts’ 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: ____________________

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