## **BREVARD COLLEGE**

Office for Student Accessibility and Disability Services

disabilityservices@brevard.edu

112 ELC (Jones Library) Fax: 828-641-0653 Phone: 828-641-0653

## Registration and Request for Academic Accommodations

Name:	Initial Semester/Year:		
ID Number:			
Anticipated Major:	Date of Birth:		
II. Disability Information			
What is the nature of your disability? Chec  Learning Disability Attention Deficit Disorder Hearing Impairment Other (Describe)	Visual ImpairmentMobility ImpairmentBrain Injury (TBI)	Chronic Health ConditionPsychiatric Disability	
STUDENT INPUT REGARDING IMPA	ACT OF CONDITION		
Associated Limitations: Concentration/ThinkingHearingSeeingOther (Describe)  Historical Impact: Please describe how y			
Previous Accommodations: Have you ut at another college)? If yes, please describe your disability.	. Please include any equipment or tech	nologies you have used to accommodate	
By signing below, I certify that the information accommodations/services is determined on an Accessibility and Disability Services to discle faculty and staff directly involved in providing	individualized basis and only with supportionse information about my disability and fun	ve documentation. I authorize the <b>Office of</b> actional limitations to Brevard College	
Student Signature:		Date:	

<sup>\*</sup>All documentation and records provided will be maintained in a confidential manner as outlined in the Family Rights and Privacy Act (FERPA) of 1974. Disability information is shared only on a limited basis within the College and then only when there is compelling reason for the individual seeking the information to have knowledge of a specific aspect of this confidential information. Disability-related records are maintained separately from academic files and are excluded from free access under FERPA.