



OFFICE OF THE DEAN OF STUDENTS  
 4550 Mayflower Hill Dr  
 Waterville, ME 04901  
 TEL 207-859-4252  
 FAX 207-859-4264

**Voluntary Disclosure of a Disability**

**Assistance for Individuals with Disabilities**

Qualified individuals are entitled to reasonable accommodations under the Americans with Disabilities Act. Accommodations are determined on a case-by-case basis. Colby's Associate Dean of Students, Coordinator of Academic Support Services and the Associate Director of Campus Life serves as a link between individuals with disabilities and the campus community. All information will be considered confidential and released only to appropriate personnel on a need-to-know basis or as deemed appropriate under State and Federal law. To be considered to access services, individuals must initiate a request by submitting this form for specific accommodations (housing, extended test taking time, note-takers, etc.). Accommodations prescribed apply only to Colby College and may not be valid elsewhere. The individual student takes full responsibility for ongoing assistance.

**In order to receive services/accommodations, verification of a disability is required. Documentation is required.** (*Documentation guidelines can be accessed at [www.colby.edu/dos](http://www.colby.edu/dos)*)

If necessary, individuals may attach a typed response.

Student Name	Date	College ID #	
Home Address: Street	City	State	Zip
Home Telephone	Cell phone	E-mail	

**Check which is applicable:**  Physical Disability  Learning Disability  
 Psychological Disability  Health Condition  Other

*If you are seeking housing accommodations for physical or psychological reasons, you must schedule an appointment and meet with Colby's Health Center or Counseling Center.*

**Do you have a mobility concern that would prevent you from evacuating a building in an emergency?**

Yes  No if yes, please describe your disability: \_\_\_\_\_

**Have you been exempt from a foreign language in High School?**  Yes  No

Colby College does not exempt students from its foreign language requirement, although students diagnosed with language-based disabilities may petition the Foreign Language Modification Committee.

**In the past have you required any classroom or housing accommodations?**  Yes  No

If yes, please describe such accommodations: \_\_\_\_\_

**Will you be requesting classroom or housing accommodations or modifications at Colby College? If so, please describe** (A request is not guaranteed to be granted. A thorough review of submitted documentation and a personal meeting with the Associate Dean of Students for Academic Affairs and the Associate Director of Campus Life is necessary to determine whether a student has a disability that substantially limits a major life activity.)

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**Will you be submitting documentation to verify your disability?**     Yes     No

### **Authorization to Release & Exchange Information**

**I give permission to the Dean of Students Office to discuss aspects of my disability with my instructors, advisor(s), Campus Life and other appropriate personnel as needed to assist in the successful completion of my coursework or housing. Without such authorization, I understand that accommodations may be denied. I take full responsibility for any ongoing assistance.**

I authorize information be released to the following offices:

Campus Life     Health Center     Counseling Services     Dean of Students Office

Information Requested:

Information and recommendations that will help in arranging for the provision of reasonable accommodations for me.

Information concerning my use of and the effectiveness of, those accommodations that I have requested.

Supplemental relevant information regarding disability documentation and/or recommended accommodations.

Other: \_\_\_\_\_

This information is to be used in determining my eligibility to receive accommodations and to identify reasonable accommodations.

**I understand that I must apply for housing accommodations each academic year and academic accommodations once during my time at Colby College. I understand I have the right to revoke this release at any time. I understand if I wish to revoke this release, I must do so in writing. I understand that if I limit the release of information, I may not be eligible for accommodations.**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please submit completed form and all supporting documentation to:**

Cindy Vassey- [cavessey@cobly.edu](mailto:cavessey@cobly.edu)  
Dean of Students Office  
Second floor Eustis Hall  
4250 Mayflower Hill Dr.  
Waterville, ME 04901