

## Mars Hill College

### Disability Information Release and Accommodation(s) Request

PLEASE PRINT OR TYPE Semester Accommodations Needed \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

I wish to declare a documented disability that substantially limits one of more major life activities and makes specific accommodations necessary for me while I am a student at Mars Hill College. Further, I give the Committee on Disabilities access to my documentation of said disability and permission to seek out further information, if necessary, to certify my accommodation(s) request. I understand that this information will be kept confidential but that information as it relates to my accommodation(s) request may have to be shared on a "need to know" basis with appropriate individuals.

#### Diagnosis/Nature of Disability:

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#### Specific Accommodation(s) Requested:

- 1.
- 2.
- 3.
4. If your disability affects your housing needs, please specify how:
5. All entering Mars Hill College students take timed placement tests in reading, writing, math, and in some cases, foreign languages. If your disability necessitates accommodation(s) for these tests which occur before you register for classes, please specify (e.g., extended time, reader, etc.) Appropriate documentation of your disability must be on file at the college.
6. Will you receive assistance from the Division of Vocational Rehabilitation, the Division of Services for the Blind or other agencies while you are a student here? Please specify:

\_\_\_\_\_ (student's signature) \_\_\_\_\_ (date)

Send this form, with documentation attached, at least TWO MONTHS prior to enrollment to:

Disabilities Coordinator  
Campus Box 6714  
Mars Hill College  
Mars Hill, NC 28754

Email: Lhorton@MHC.edu  
Phone: 828 689-1410  
Fax: 828 689-1445

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