

MARS HILL COLLEGE

Disability Information Release and Accommodation(s) Request

(PLEASE PRINT)

Semester Accommodations Needed _____ DATE OF BIRTH _____

NAME _____ E-MAIL: _____ PHONE _____

PERMANENT ADDRESS _____

I wish to declare a documented disability that substantially limits one or more life activities and makes specific accommodations necessary for me while attending Mars Hill College (MHC). I give the Disabilities Coordinator access to my documentation of this disability and permission to seek our further information, if necessary, to certify my accommodation(s) request. I understand that this information will be kept confidential with the exception that information as it relates to my accommodation(s) request may be shared on a "need to know" basis with appropriate MHC staff/faculty.

DIAGNOSIS/NATURE OF DISABILITY:

SPECIFIC ACCOMMODATION(S) REQUESTED:

- 1.
- 2.
- 3.

Documentation for disability-related housing requests for Fall semester should be in the Disability Office by June 1. If your disability affects your housing need, **please specify:**

Timed placement tests in reading, writing, math, and sometimes, foreign languages are required for all incoming MHC students. Appropriate documentation of your disability must be on file in the Disability Office **seven days** prior to testing. **If your disability necessitates accommodation(s) for these tests, which you will take during Summer Registration (SOAR), please specify:**

- 1.
- 2.

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 _____

Getting your documentation in as soon as possible will facilitate your receiving the accommodation(s) requested.

PLEASE RETURN THIS FORM AND DOCUMENTATION TO:

Disabilities Coordinator
MHC, PO Box 6714
Mars Hill, NC 28754

E-mail: disabilityinfo@mhc.edu
Phone: 828 689-1196
Fax: 828 689-1445