

Jefferson College of Health Sciences
Services for Students with Disabilities

101 Elm Ave., Roanoke, VA 24031
(540) 985-9711

Voluntary Disclosure Form:

Assistance for Individuals with Disabilities:

Qualified individuals are entitled to reasonable accommodations under Section 504 of the Rehabilitation Act of 1973, as well as the Americans with Disabilities Act of 1990. Accommodations are determined on a case-by-case basis and are free of charge. The Section 504 Coordinator serves as a link between individuals with disabilities and the campus community. All information will be considered confidential and only released to appropriate personnel on a need to know basis. To be considered for services, individuals must initiate a request by submitting this form for specific services/accommodations (extended time on exams, note-takers, etc.) Accommodations prescribed only apply to Jefferson College of Health Sciences and may not be valid elsewhere. The individual takes full responsibility for ongoing assistance.

In order to receive services and/or accommodations verification of a disability is required. Documentation is required. (Documentation guidelines can be accessed via our *Services for Students with Disabilities* booklet available in the Disability Services office, Room 422, Community Hospital Building.)

To initiate a request for accommodations, please complete this form and return to Sarah Higginbotham, Disability Services Counselor, CRCH 422

Name:		Date:			
Home address:					
Phone #:		E-mail address:			
Check which area(s) describes your disability	Physical Disability	Learning Disability	Psychological Disability	ADHD or ADD	Other
Do you have a mobility concern that would prevent you from evacuating a building in an emergency? Yes No					
Are you taking medications that help alleviate the symptoms of your disability? Yes No					
In the past, have you required any accommodations? Yes No					
If yes, please describe such accommodations:					
Can you provide documentation verifying your disability dated within the last four years? Yes No					
Emergency contact, phone number, and relationship to you:					

I certify that I am voluntarily disclosing this information to the Student Affairs staff at Jefferson College of Health Sciences.

Name of Student

Date