Disability Accommodation Request Form

Under the Americans with Disabilities Act, a person with a disability has a physical or mental impairment; has a record of such impairment; or is regarded as having such an impairment which substantially limits one or more major life activity such as walking, seeing, hearing, speaking, breathing, self-care or learning. Williams College provides reasonable accommodations for students with documented disabilities when such accommodations are necessary to insure equal access to the campus or curriculum. Your request for an accommodation should be as specific as possible and be augmented with appropriate professional documentation.

You do not need to identify any disabilities for which you are not requesting accommodations.

Please complete and return this form to Academic Resources in Paresky 202 to initiate a determination of eligibility for services. Documentation from a qualified professional should be enclosed or submitted separately. The documentation should include a diagnosis and recommendations for the accommodations you will need at Williams. This information will be shared with others only as needed to meet your special requirements.

Name: ___________________________________ Day Phone: _______________________________

Home Address: _______________________________________________________________________

Email address: _______________________________________________________________________

1. My disability is: ___________________________________________________________________

2. Accommodations I will need are: _____________________________________________________

☐ I expect to request books on tape Learning Ally (formerly RFB&D) Membership # ______

☐ I expect to request other assistive technology Please specify: ___________________________

3. Documentation is: enclosed ________ being sent separately (no later than July 1)___________

I authorize Academic Resources to arrange for reasonable accommodations I need, to share information with others as necessary, and to obtain additional information, if required, from the individual listed below who has diagnosed or treated me for my disability.

_________________________________________ (Student’s Signature) _______ (Date)

Name of Diagnostician: __________________________________________________________________

Address: _____________________________________________________________________________

Day Phone: ___________________________________________________________________________

Please return the completed form to
Academic Resources, Williams College Paresky Center, Room 202, 39 Chapin Hall Drive, Williamstown, MA 01267

For additional information, please visit the Academic Resources web site disability pages at
http://www.williams.edu/resources/acad_resources/