

CONFIDENTIAL

CLARION UNIVERSITY VOLUNTARY QUESTIONNAIRE ON DISABILITIES

In accordance with the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, Clarion University provides equal access to education for qualified students with disabilities. The purpose of this **voluntary** questionnaire is to provide Clarion with the necessary information it needs to appropriately identify students with disabilities and to determine the potential need for accommodations.

If you are student with a disability and choose to self identify by responding to this questionnaire, please complete all of the sections below and return the form electronically or mail a hard copy to the Office of Disabilities Support Services (DSS) at the address listed below. **Please note** that in order to finalize a request for accommodations, you are **required** to contact the Office of Disability Support Services to submit the appropriate medical documentation. All information provided to DSS will be treated confidentially.

Types of Disabilities

(Check any that apply to you and identify needed accommodations)

- | | |
|--|---|
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Emotional/psychological Impairment |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Physical Impairment | |
| <input type="checkbox"/> Other, please explain _____ | |

Accommodation(s) needed: _____

Would you like a representative from Clarion University's Disability Support Services Office to contact you? Yes No.

Name _____ Date _____

Home/permanent address _____

Mailing address (if different) _____

Home telephone _____ cell or alternate telephone _____

Formal requests for disability accommodation **MUST** be made by contacting:

Office of Disability Support Services
102 Ralston Hall
Clarion University of Pennsylvania
Clarion, PA 16214
(814) 393-2095