



ACCOMMODATIONS REQUEST FORM

This form is necessary for Hillsdale College to understand a student's disability and to determine and coordinate any reasonable accommodations that might be required because of the disability. If you have a documented disability and are seeking accommodations, please complete and submit this form, and provide copies of the medical documentation and any recommendations about accommodations. If the medical assessment does not provide the necessary information with which to determine accommodations, or if the assessment is more than three years old, additional assessments may be requested.

1. Please provide a description of your disability?

2. Please provide the accommodation(s) you are requesting.

Last Name _____ First Name _____

Address _____ City _____

State _____ Zip _____ Cell Phone _____

Hillsdale College Entry Date (e.g. FA 2015 or SP 2016) _____ SUBMIT DATE: ____ / ____ / ____

Return this form and related documents to:

**Aaron Petersen, Dean of Men,
Hillsdale College, 33 E. College St.
Hillsdale, MI 49242
apetersen@hillsdale.edu; Fax 517-607-2434**

In requesting this accommodation, I also give permission for the Dean's Office to share information concerning my disability with the appropriate faculty or staff on a need-to-know basis. This permission remains in effect throughout my matriculation, or until I terminate my need for accommodations with the Dean's Office via a written note.