Rehabilitation Act of 1973, Section 504
Americans with Disabilities Act of 1990

The College has designed the Disability Services Office as the coordinator of services and accommodations to meet the needs of students with disabilities that limit their participation in the programs and activities of the College. Every student at the College has the opportunity to complete a Disability Notification Form, available at the Franklin & Marshall Disability Services website:

http://www.fandm.edu/disabilityservices

The College considers information provided on this form as confidential and uses it to provide appropriate accommodations for qualifying students.

At the beginning of each semester, Disability Services:

1. Notifies via email each student who has been approved for accommodations. Once the student responds that they would like to make use of their accommodations for the coming semester, their Accommodations Memo is then emailed to them. They should present their Accommodations Memo to each of their professors in the current semester. The memos outline the accommodations granted to the student.
2. Coordinates, if appropriate, accommodations made through various College offices and/or departments.
3. Requests for accommodations should be directed to the attention of Dr. Alison Hobbs, Coordinator of Disability Services. Incoming students should submit their request, along with a Disability Notification Form and appropriate documentation by the end of May.
To: All Students

From: Alison Hobbs, Psy.D., Licensed Psychologist and Coordinator of Disability Services

In accordance with equal education opportunity laws, Franklin & Marshall College arranges to provide special services for students whose disabilities limit their participation in academic programs for which they are qualified. We ask that you notify us if you will require special services or accommodations in the classroom, or if you want faculty, academic advisers or administrative offices notified of your disability.

If you require special services or notifications, please complete and return the form below. All responses are held in confidence. Information provided in response to this request will be used only for the purpose of assuring access to the programs and services of Franklin & Marshall College. After receiving your completed request form, I will contact you if additional information is needed.

Disability Notification Form

NAME (Please print): ___________________________ CELL PHONE: __________

DISABILITY: ____________________________________________________________

NOTIFICATION OR SPECIAL SERVICE REQUESTED: ____________________________

PRACTITIONER WE MAY CONTACT FOR FURTHER INFORMATION:

STUDENT SIGNATURE: ___________________________ DATE: __________

PLEASE SUBMIT REQUEST FORM TO:

Dr. Alison Hobbs
Disability Services
Franklin & Marshall College
P.O. Box 3003
Lancaster, PA 17604-3003
TELEPHONE: 717.291.3989  FAX: 717.358.4420
PERMISSION TO RELEASE INFORMATION

I give my permission for the release and discussion of information regarding my disability and accommodations between the Coordinator of Disability Services and relevant personnel at the College such as, but not limited to, the personnel in Appel Health Services, Counseling Services, Office of the Registrar, Office of Housing, academic dean, academic advisor, Dean of the College and faculty for classes in which I am either currently enrolled or classes in which I am registered, as warranted appropriate by the Coordinator of Disability Services who will only release information on a “need to know basis” as required by law. I also give permission to the Coordinator of Disability Services to speak with the practitioner/s treating the condition for which I am requesting accommodations. I understand that the information may only be shared to utilize preparation/provision of reasonable accommodations or auxiliary aids and services for which I am eligible. By signing this form, I understand that this permission to release information remains valid for the duration of my tenure at Franklin & Marshall College and that I may rescind or amend this agreement at any time.

Student Name: ________________________________________________________________

Student Signature: ____________________________________________________________

Date: ________________________________

PERMISSION TO RELEASE INFORMATION TO PARENT OR GUARDIAN:

I give permission to release and discuss my academic accommodations and academic progress with my parents/guardian. By signing this form, I understand that this permission to release information remains valid for the duration of my tenure at Franklin & Marshall College and that I may rescind or amend this agreement at any time.

Parent/Guardian Name: ________________________________________________________

Parent/Guardian Email Address: ________________________________________________

Student Name: ______________________________________________________________

Student Signature: ____________________________________________________________

Date: ________________________________

PLEASE SUBMIT REQUEST FORM TO:

Dr. Alison Hobbs
Disability Services
Franklin & Marshall College
P.O. Box 3003
Lancaster, PA 17604-3003

TELEPHONE: 717.291.3989       FAX: 717.358.4420