



Rehabilitation Act of 1973, Section 504

Americans with Disabilities Act of 1990

The College has designated the Office of Student Accessibility Services 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 Office of Student Accessibility Services website:

<https://www.fandm.edu/office-of-student-accessibility-services>

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

At the beginning of each semester, the Office of Student Accessibility Services:

1. Will send an Accommodation Memo outlining accommodations granted via email to each student who has been approved for accommodations. They should present their Accommodation Memo to each of their professors in the current semester. Accommodation Memos are not typically issued for Dining or Housing Accommodations.
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, Director of Student Accessibility Services. Incoming students should submit their request, along with a Disability Notification Form and appropriate documentation by the end of May.

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To: All Students

From: Alison Hobbs, Psy.D., Director of Student Accessibility 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: _____

CLASS YEAR: _____ STUDENT ID NUMBER: _____

PLEASE SUBMIT REQUEST FORM TO:

Dr. Alison Hobbs
Office of Student Accessibility Services
Franklin & Marshall College
P.O. Box 3003
Lancaster, PA 17604-3003

TELEPHONE: 717.358.3989 FAX: 717.358.4420 EMAIL: sas@fandm.edu

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CONFIDENTIALITY & RELEASE OF INFORMATION

PERMISSION TO RELEASE INFORMATION

I give my permission for the release and discussion of information regarding my disability and accommodations between the Director of Student Accessibility Services and relevant personnel at the College such as, but not limited to, the personnel in the Student Wellness Center, Counseling Services, Office of the Registrar, Office of Housing, academic dean, academic advisor, International Studies, 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 Director of Student Accessibility Services who will only release information on a "need to know basis" as required by law. I also give permission to the Director of Student Accessibility 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
Office of Student Accessibility Services
Franklin & Marshall College
P.O. Box 3003
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