

DISABILITY DISCLOSURE NOTICE FORM

The Pennsylvania Academy of the Fine Arts (PAFA) is committed to assuring equal educational opportunity and full participation for all students. Disclosure of a disability is voluntary and a student's responsibility. A student with a documented disability may be eligible to receive assistance through Student Services. Eligibility for reasonable accommodation is determined on a case-by-case basis after comprehensive documentation is reviewed.

Documentation must be current (within the last 3 years) It must consist of a comprehensive assessment and include evidence of substantial impairment of a major life activity. Treatments and services used to minimize the condition's impact should be described, as well as recommendations for accommodations in a higher education setting.

If you plan to request accommodation because of a qualified disability, please return this form, along with appropriate documentation to the Office of Student Services.

Name: _____ Start date: Fall Spring
(please print clearly)

Program: Certificate BFA MFA PB Major: _____

Email _____ Cell phone _____

Address _____

Nature of Disability: Learning Disability Physical Disability
 Psychological Disability Temporary Disability
 Other _____

Documentation attached: yes no (see Documentation Guidelines)

Accommodations Requested: _____

Confidentiality Statement

I understand the disability-related information I provide to the Student Services is confidential and can only be disclosed at my request except when:

- Student Services staff consults with the health provider(s) of my disability documentation in determining my eligibility for reasonable accommodations.
- Student Services staff, advises the school's faculty on how to implement a reasonable accommodation I have requested
- Student Services staff consults the school's faculty and staff on a "need to know" basis, in the event of a health and safety issue.

This authorization is valid for the duration of my enrollment at PAFA from the date of my signature below,

Signature _____ Date _____

**Return this form and documentation to Student Services, 3rd floor Hamilton Building or
email at healthandwellness@pafa.edu**