

Registration & Request For Accommodations Form

Services For Students With Disabilities

UNH Manchester, 400 Commercial Street, Manchester, NH 03101 • 603-641-4170 • Fax: 603-641-4125
Student Services Suite Office #270H • Office Hours: Monday-Friday, 8:30 a.m.-5 p.m.

Name: _____ UNH ID#: 9 _____ Date: _____

D.O.B. _____ Phone: _____ UNH Email: _____

Address (Street, City, State, Zip): _____

Current Academic Information - Check all that apply:

- Associate in Arts/Science Bachelor of Arts/Science Non-degree Graduate Student
 Freshman Junior Sophomore Senior

Current Major(s): _____ Intended Major (if different from current): _____

Please describe the nature of your disability and how it may impact your academic performance:

What documentation are you submitting with this form? *(Please submit copies only. Retain any original documentation for your personal records):* _____

Accommodations you are requesting at UNH Manchester:

Please describe how the requested accommodations will help you with aspects of academic life:

Please indicate any accommodations and services you received at previous academic institutions:

Contact person at previous institution: _____ Phone: _____

Clinician/Therapist contact person: _____ Phone: _____

(over)

I grant permission to the Academic Counseling Office to discuss my disability with the above contacts:

Student signature: _____ Date: _____

REQUEST AND UNDERSTANDING

I request disability-related accommodations from the University of New Hampshire at Manchester. I authorize the release of medical and/or psychological information to Academic Counseling at UNH Manchester. I fully understand that the information will be held in the strictest of confidence and will be solely used to determine my eligibility for services as mandated under Section 504 of the Rehabilitation Act of 1973, the American Disabilities Act (ADA) of 1990, and the ADA Amendments Act (ADAA) of 2008, and in determining the most appropriate accommodations based on my current level of functioning.

I understand that submission of this form and documentation does not guarantee the accommodation(s) requested. I agree to work with the UNH Manchester Academic Counseling Office to determine appropriate and reasonable accommodation(s) for my academic/student life at UNH Manchester.

Accommodations do not automatically carry over from one semester to the next. I understand that it is my responsibility to request new Accommodation Plans before or at the beginning of each semester. I agree that I will notify my academic instructor within the first week of class, or as soon as possible, of my disability and set up the appropriate accommodations based on the information in my letters. I understand that I may revoke this consent at any time by notifying Academic Counseling of the change. If have any questions or concerns, I will contact the Disabilities Services Coordinator.

Student signature: _____ Date: _____

REQUEST AND RELEASE FORM (A) – a photo copy is as valid as the original

*Your signature on part (A) of this release form will authorize the Disability Services Coordinator in Academic Counseling at UNH Manchester to: **OBTAIN** the following from whatever source: school transcripts, test scores, grade reports, individual educational plans, information regarding admission and financial aid packages and documentation of any disability/condition; **RELEASE** as deemed necessary, (via means of copying and/or discussing) documented information of your disability/condition and educational records to: appropriate university and other selected officials; certified, licensed or registered professionals as it relates to your disability/condition and academic status. **1. As defined by the Family Educational Rights and Privacy Act of 1974 (“Buckley Amendment”), Section II: Access to a Student’s Personal Educational Records (UNH Student Handbook).***

Print name: _____ Signature: _____ Date: _____

RELEASE FORM (B) – a photo copy is as valid as the original

Your signature on part (B) of this release form will authorize the Disability Services Coordinator to discuss your overall academic status as it relates to your disability/condition with your parent/s or guardian/s.

Not applicable

Print name: _____ Signature: _____ Date: _____

Name of parent/guardian: _____

It is expected that the student is an active participant of all disability services processes.

Any fee associated with obtaining documentation is the responsibility of the student.

Release forms (a) & (b) will be valid from their corresponding dates of signature throughout student’s affiliation with UNH.

Any changes or cancellation of part (a) or (b) is the responsibility of the student and must be done in writing addressed to the academic counseling office.