

Date: \_\_\_\_\_  
Semester: \_\_\_\_\_

Voluntary Disclosure of Disability  
Atlantis University Office of Academic Support: Specialized Support Services

Qualified individuals are entitled to reasonable accommodations under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. Accommodations are determined on a case-by-case basis by the Coordinator of Specialized Support Services (SSS).

**In order to receive services/accommodations, verification of a disability is required.** All information will be considered confidential and released only to appropriate personnel on a need to know basis (ie academic probation committee). To access services, individuals must initiate a request (see below) for specific services and accommodations. The earlier individuals request accommodations, the more effective the University can be in facilitating the appropriate support. Accommodations are not retroactive; it is best to request accommodations before difficulties arise.

**To initiate a request for accommodations please complete this form and return to:**

**Academic Support Counselor:**

Dennis Beltron, 1011 Sunnybrook's, Miami FL 33136 or fax to 305:377-9557, voice 305:377-8817 ext. 1009  
dennis.beltrons@atlantisuniversity.edu

Name \_\_\_\_\_ Student # \_\_\_\_\_

Home Address & C/S/Z: \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Home email \_\_\_\_\_

Local Address & C/S/Z \_\_\_\_\_

Local Telephone # \_\_\_\_\_ Local email \_\_\_\_\_

Current Academic Information:     Freshman                       Junior  
    Sophomore                       Senior

**PARENT INVOLVEMENT:**

I give permission to the SSS Office to discuss my academic/non-academic accommodations with my parent(s)/ guardian(s) printed below:                       Yes                       No

\_\_\_\_\_  
Student Signature & Date

Parent or Contact Person: \_\_\_\_\_

Address & C/S/Z \_\_\_\_\_

Telephone & Other Contact Information \_\_\_\_\_

**What is the nature of your disability? (Check all that apply)**

- Attention Deficit Hyperactivity Disorder
- Deaf/Hard of Hearing
- Blind/Visually Impaired
- Specific Learning Disability (please explain): \_\_\_\_\_
- Other Health Impaired (please explain): \_\_\_\_\_
- Orthopedic/Mobility Impairment
- Spinal Cord Injury
- Neuro-Muscular Disease

**Do you use:**

- Wheelchair
- Crutches/Walker
- Hearing Aid
- Service Animal – *registry required. See SSS for more information.*
- 

**Do you have a mobility or sensory impairment that would prevent you from evacuating a building in an emergency?**

- Yes, please provide me with emergency evacuation information.
- No

**Please indicate your needs below.** *Note: Requests for accommodation are not automatically approved. A thorough review of submitted documentation and an interview is necessary to determine whether the student has a disability that substantially limits a major life function, including the ability to read, write or learn at the college level. The requested accommodations should be specific to the functional limitation(s).*

**Alternative Testing:**

- Extended time
- Separate location
- Reader/Scribe
- Use of a computer (e.g., word processor, voice read-back, voice input)
- Other:

**Adaptive Equipment Use:**

- Alternative chair/table
- Assisted listening device
- Taping of lectures
- Other:

**Classroom Assistance:**

- Note taker
- Preferential seating
- Sign Language Interpreter
- Other:

**Alternative Print:**

- Audio (Electronic print, tape)
- Braille / Large Print (indicate font size: \_\_\_\_\_)
- Other:

**Will you receive the assistance of an outside agency (please check all that apply):**

- Vocational & Educational Services for Individuals with Disabilities, contact: \_\_\_\_\_
- Commission for the Blind & Visually Handicapped, contact: \_\_\_\_\_
- Other, please specify agency and contact: \_\_\_\_\_

I give permission to Specialized Support Services to release this confidential information to my faculty and other appropriate personnel (safety, etc.) on a need-to-know basis.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date