



## Scripps College Request for Disability Support Services Form

This form is to be completed by the student requesting services. It is important that you complete all questions as best you can. If you have questions please contact the Academic Resources and Services at 909-621-8277 or [ars@scrippscollege.edu](mailto:ars@scrippscollege.edu). Appropriate professional documentation detailing your accommodations must be submitted with this form.

Full Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Major: \_\_\_\_\_ Entry Term/Graduation Term: \_\_\_\_\_

Student Status:  Incoming Student  Continuing student

**What is the nature of the disability for which you are requesting services?** Check all that apply

Learning Disability  ADD/ADHD  Psychiatric Disability

Physical disability  Hearing Impairment  Visual Impairment

Other (specify) \_\_\_\_\_

**Duration of Above Condition(s):**  Permanent/Chronic  Temporary  Unknown

**Briefly describe what you understand about the limitations caused by your disability.**

---

---

---

**Briefly describe how your disability affects your daily life.**

---

---

---

**Requested accommodation(s):** Based on your disability, please indicate the accommodations you will need in college in order to have equal access. Please note that approval of any accommodations will be based on the review of your supporting documentation of the disability.

---

---

---

**Describe the accommodation(s) you have received in the past, including the nature of the accommodation(s), the names of the providing institution(s), and the dates which the accommodation(s) were provided.**

---

---

---

I understand that Academic Resources and Services must receive this completed form and appropriate professional documentation prior to consideration and provision of accommodation(s). The request form and documentation will be reviewed and the student will be notified if the documentation is acceptable and complete, or if further information is required.

I understand that the college may require me to undergo further testing for the purpose of establishing the existence and/or extent of my disability and my need for reasonable accommodation(s).

I understand that by signing below, I am initiating a request to be established as a student with a disability in accordance with state and federal regulations and to have reasonable accommodations provided.

With my signature below, I give permission to the Scripps Academic Resource and Services staff to discuss my disability record with other staff on a need to know basis specifically for the establishment of my accommodations. In particular, Academic Resources and Services works closely with Monsour Counseling and Psychological Services Center and the Student Disability Resource Center to consult on student accommodation requests.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Submit completed form and documentation to Academic Resources and Services via:

- Email at [ars@scrippscollege.edu](mailto:ars@scrippscollege.edu),
- Fax at (909) 607-7081, Attention: Academic Resources and Services,
- Mail at 1030 Columbia Ave., #2010 Claremont, CA 91711, Attention: Academic Resources and Services
- In Office- Dean of Students Office (Balch Hall)