

Disability Accommodations Intake Form Office of Student Affairs

Office of Student Affairs 1120 Edison Building 215-503-6335

Contact Information

Contact information
1. Name:
2. Phone:
CeII
Home
3. Local Address:
4. Email Address:
5. Campus Key:
Previous Institutions
1. Name of previous institution(s):
2. Accommodations received at previous institutions:



Campus Affiliation

Graduate School of Biomedical Sciences

School of Health Professions

Bioscience Technologies

Couple & Family Therapy

Occupational Therapy

Physical Therapy

Physician Assistant

Professional and Continuing Studies

Radiologic Sciences

School of Nursing

BSN

MSN

DNP

School of Pharmacy

School of Population Health

Sidney Kimmel Medical College

Disability Accommodations

Please indicate your disability, check all for which you are seeking accommodation:

ADD/ADHD

Hearing Impairment

Learning Disability

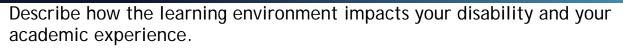
Medical/Physical Condition

Psychological/Psychiatric Condition

Visual Impairment

Other





What specific accommodations are you requesting at Thomas Jefferson University?

Please provide any additional information that might be helpful in processing your accommodation request:



Release of Information Release of Information I, _____, give the staff of Student Affairs permission to disclose and discuss information regarding my need for accommodations, including medical or personal health information, to faculty and staff directly involved in reviewing, determining and providing accommodations at Thomas Jefferson University. Additional persons authorized to receive information (e.g. parents) include _____. I understand this information will be maintained in a confidential manner and this release will remain active unless I withdraw it. I understand I have the right to withdraw this release at any time by providing written notice of withdrawal to Jennifer Fogerty, Assistant Provost for Student Affairs. I understand that any future withdrawal will be effective as to future disclosures only and that Thomas Jefferson University cannot recover information once it has been released. Signature: _____

Please submit this form to Jennifer Fogerty, MSEd, Assistant Provost for Student Affairs, 1120 Edison Building, 215-503-6335, jennifer.fogerty@jefferson.edu.