

COTTEY

Voluntary Request for Student Disability Services

Qualified students with disabilities are entitled to equal access to college programs, services, and activities under the Americans with Disabilities Act (ADA), as amended, and Section 504 of the Rehabilitation Act of 1973.

To initiate a request for disability services, you must complete this form and provide documentation of your disability. Your documentation must adhere to Cottey College's Documentation Guidelines, which is attached to this form. All documentation and information is confidential and will only be released to appropriate personnel on a need to know basis with express written communication from the student.

The coordinator of disability services acts as a link between students and Cottey's campus. As such, all accommodations are determined on an individual basis. If you received special education services throughout K-12 schooling, there is no guarantee the same accommodations will be granted to you in college. Students must initiate a request for services and are fully responsible for ongoing assistance.

Please return all completed forms to the coordinator of disability services *as soon as possible* to assure disability services are rendered in a timely manner. Once the semester starts, accommodations cannot be rendered retroactively.

If you have any questions regarding disability services, call or email Stephanie McGhee, coordinator of disability services, at (417) 667-8181 x.2131 or smcghee@cottey.edu.

Complete this form and submit it along with documentation to:

Stephanie McGhee, Coordinator of Disability Services
Cottey College
1000 W. Austin
Nevada, MO 64772

Requests cannot be guaranteed to be granted. A thorough review of all submitted documentation and an interview takes place before it is determined whether a disability substantially limits a life function. Complete documentation is required to verify students' disabilities and to be considered for accommodations.

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Please print clearly or attach a typed response:

Name: _____ Date: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Alternative Phone Number: _____

Email: _____ Date of Birth: _____

Check all that apply:

Physical Disability

Hearing Disability

Neurological Disability

Psychological Disability

Visual Disability

Chronic Illness

Learning Disability

ADHD/ADD

Autism Spectrum

Other: _____

Please briefly describe your disability: _____

In the past, have you received accommodations? Yes No

If yes, please describe the accommodations you've received: _____

Submit this form to the coordinator of disability services with proper documentation.