Self-Identification Form

If you are an individual with a disability/chronic medical condition who may require assistance or accommodations from Union College, please complete this form and return it to:

Shelly Shinebarger, Director of Student Support Services
Reamer Campus Center 303C
Union College
Schenectady, NY 12308

It is the policy of Union College to strive to ensure that all College goods, services, facilities, privileges, advantages, and accommodations are meaningfully accessible to qualified persons with disabilities in accordance with the Americans with Disabilities Act (ADA) of 1990, Section 502 of the Rehabilitation Act of 1973, and other pertinent federal, state, and local disability anti-discrimination laws.

Reasonable accommodations will be made on an individual basis, if available in the host country and/or host institution, and may differ from the Union College campus. It is the responsibility of persons with disabilities, however, to seek available assistance and to make his/her needs known.

Once received, the Director of Student Support Services will provide you with an accommodation letter. It is your responsibility to meet with the Faculty Director of your program or, if your program does not have a Faculty Director, the person responsible for your program overseas to discuss accommodations.

This FORM only has to be turned in if you are a person with a documented disability and are requesting accommodations.

Please cut along this dotted line and retain the top portion of this form for your reference

__________________________________________________________________________________________

Name __________________________ ID __________________________ Indicate your disability category

_____ Sensory (e.g., visual, hearing, etc)

_____ Psychological/Emotional

_____ Learning

_____ Chronic Medical Condition

Study Abroad Country/Program __________________________ Faculty Director __________________________

Study Abroad Enrollment Year 20__ Fall Winter Spring Summer

Accommodations requested: ______________________________________________________________