

## **Self-Identification Form for Terms Abroad**

If you are an individual with a disability/chronic medical condition who may require assistance or accommodations from Union College while studying abroad, please complete this form, upload it into your application, <u>and</u> email a copy of it to Accommodative Services at accommodations@union.edu.

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

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 504 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 by Accommodative Services, the Director of Accommodative 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.

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

Name	ID	Please indicate your disability category:
Address		Sensory (e.g., visual, hearing, etc.)
City/State/Zip		Psychological/Emotional
Telephone		Learning
Study Abroad Country/Program		Chronic Medical Condition
Faculty Director	Faculty Director Emai	1
Study Abroad Enrollment: Year	Fall Winter Sp	oring Summer
Accommodations Requested		