

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 re	etain the top po	rtion of this fo	form for your reference
Name	ID		Indicate your disability category
Address			Sensory (e.g., visual, hearing, etc)
			Psychological/Emotional
City/State/Zip			Learning
Telephone			Chronic Medical Condition
Study Abroad Country/Program			Faculty Director
Study Abroad Enrollment Year <u>20</u>	Fall	Winter _	Spring Summer
Accommodations requested:			