

**Hellenic College  
Holy Cross Greek Orthodox School of Theology  
Voluntary Statement of Learning Need**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

College \_\_\_ SOT \_\_\_ (check one) Degree Program: \_\_\_\_\_

Type of Learning Disability:

\_\_\_\_\_ Math \_\_\_\_\_ Reading Related

\_\_\_\_\_ Writing Related \_\_\_\_\_ Memory Related

\_\_\_\_\_ Other

Please list any support services or accommodations that have been helpful to you in the past.

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**Release of Information**

School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of agency with the most recent records: \_\_\_\_\_  
(if different from above)

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I grant permission to Hellenic College/Holy Cross to obtain copies of educational evaluations related to my learning disability, such as IEP's or other professional evaluations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (if required) Signature

\_\_\_\_\_  
Date

*Please return this form to:*

Hellenic College/Holy Cross  
Department of Spiritual Formation & Counseling Services  
50 Goddard Avenue  
Brookline MA 02445