

Voluntary Statement of Need and Request for Disability Services

I, _____, am requesting accommodations from the office of Academic Services in order to facilitate my learning at Hellenic College/Holy Cross.

Name _____ **Date** _____

Home Address

Street **City** **State** **Zip Code**

School Address

Street **City** **State** **Zip Code**

Home Phone **School Phone**

Email address **Year of Graduations**

School **Hellenic** **Holy Cross** **Major/Degree** _____

Type of Disability

| | | | | | |
|------------------------|--------------------------|----------------|--------------------------|-------|--------------------------|
| Information Processing | <input type="checkbox"/> | Language Based | <input type="checkbox"/> | Math | <input type="checkbox"/> |
| Reading Comprehension | <input type="checkbox"/> | Reading Speed | <input type="checkbox"/> | | |
| Medical | <input type="checkbox"/> | Psychiatric | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Please describe the way(s) in which these disabilities have interfered with your academic work.

Have you received supportive services in the past?

If so, please describe (and indicate where these services were offered).

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 Signature (if student is under age 18)

Date

Please return this form to:

Hellenic College/Holy Cross
Eileen Maguire
Academic Services Coordinator
50 Goddard Avenue
Brookline MA 02445