

## 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.

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Signature

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Date

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Parent/Guardian Signature (if student is under age 18)

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Date

*Please return this form to:*

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