

# DISABILITY & MEDICAL ACCOMMODATION

## CONTINUING EDUCATION (INCLUDING SUMMER@BROWN)



Brown University  
Student and Employee Accessibility Services  
20 Benevolent Street, Box P  
Providence, RI 02912  
Phone: 401-863-9588 Fax: 401-863-1444  
Email: SEAS@brown.edu

This form should be completed by any student who has a disability or medical condition that may require an accommodation: learning and/or physical including significant food allergies. Please be aware that all accommodation requests will be considered however there may be limits as to what can be provided without sufficient notice. SEAS recommend a minimum of two weeks notice.

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ I am 18 years as of today's date:  Y  N

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ MI \_\_\_\_\_

Parent/Guardian Last Name (if under 18) \_\_\_\_\_ Parent /Guardian First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Address (street, city, state, zip / postal code, country) \_\_\_\_\_

Parent/Guardian Address (if different from above) \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work or Parent Cell Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Student Email \_\_\_\_\_ Parent/Guardian Email (if under 18) \_\_\_\_\_

Please check one:  Undergraduate  Pre-College  SPARK  Post Baccalaureate  Other \_\_\_\_\_

Course Code & Name(s)/Program Name \_\_\_\_\_

Program Date(s): \_\_\_\_\_

Nature of your disability or medical condition including current injuries: \_\_\_\_\_

Accommodations which may be requested at Brown including anything you may need in your residence hall (please note that the residence halls are not air conditioned and many have carpeting and stairs) and any academic or dining accommodations: \_\_\_\_\_

If you are requesting academic accommodations, we will require a copy of the evaluation you had done to determine your eligibility in addition to any current IEP or 504 Plan. I will be submitting documentation from the following sources and authorize release of disability-related information to Brown University: \_\_\_\_\_

I understand that information about my disability will be released to the Student and Employee Accessibility Services (SEAS) and may be shared with Brown University officials and employees for the purpose of coordinating services and accommodations. I also understand that SEAS requires documentation that establishes eligibility prior to receiving services. This release will serve for the duration of my enrollment at Brown unless otherwise requested.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**THIS FORM SHOULD BE RETURNED TO SEAS VIA MAIL OR FAX; PLEASE USE CONTACT INFORMATION ABOVE.**