



**Request for Accommodations**

Please fill out the information below and attach any supporting documentation that would be helpful in determining the type of accommodation you will need to attend class / do coursework at Hartford International. If the nature of your disability changes and/or you develop another disability, you will need to submit another copy of this form to reflect any differences in the accommodations being requested.

Student's Name: \_\_\_\_\_

Program: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Nature of Disability: \_\_\_\_\_

Please explain the types of accommodations you would expect to have in order to succeed in your academic program at HIU. Use the back side of this form if necessary or attach a secondary sheet of paper.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Release of Information**

It may be necessary for the Student Care and Residential Life Coordinator to discuss your condition with your medical provider(s). In the event of certain accommodations, it will also be necessary to inform professor(s) about those accommodations. Please sign below to indicate your authorization.

\_\_\_\_\_  
**Signature**

Please indicate if there is anyone else with whom your disability can be discussed, i.e. spouse, caretaker, Academic Advisor, Faith Advisor, etc.

\_\_\_\_\_

**Please return completed form to the Student Care and Residential Life Coordinator, along with any additional documentation at least two weeks prior to the semester in which accommodation is being requested.**