



DISABILITY ACCOMMODATIONS REQUEST FORM

Wiley College offers accessibility accommodations for eligible students with documented disabilities. To request academic or environmental accommodations, complete this form and email to rhhartfield@wileyc.edu.

Information on this form	is confidential to the extent p	permitted by law.
Voluntary Disability Discl	osure:	
Semester: □Fall □Sprii	ng Summer Year:	
Student's Name:		Date of Birth:
Student I.D.:		
Address:		
City:	State:	Zip:
Phone:	Email:	
When did/will you start att	ending Wiley College? Semeste	r:Year:
What type of disability/dis	abilities are you requesting acco	mmodations for? Please check all that apply.
☐ Deaf & Hard of Hearing	g	
☐ Attention Deficit Hyper	ractivity Disorder (ADHD)	
☐ Specific Learning Disal	oility (Specify):	
☐ Psychological/Emotion	al Disability (Specify):	
☐ Physical or Medical Dis	sability (Specify):	
☐ Temporary Disability (Specify):	

To the best of your knowledge, please describe your disatthe academic and/or residence hall environment. Include needed.		
Please describe/list accommodation(s) requested:		
Signature (Student)	Date:	