

Office of Disability Services

Registration and Documentation Cover Sheet

I understand that I am registering with the Office of Disability Services (ODS) at Southern New Hampshire University (SNHU) and that I may be eligible for services such as information, referrals, and reasonable accommodations that may be needed for access to courses, activities, programs, employment or facilities.

I understand that, in order to receive reasonable accommodations, I must provide current and complete documentation of my disability and its impact in an academic setting and campus residential setting, if applicable. The documentation must be from an appropriate licensed professional (see Disability Documentation Guidelines). I understand that ODS may deny a request for accommodations if the documentation does not substantiate them as reasonable accommodations or if I fail to provide complete documentation. If documentation is incomplete or does not determine the extent of disability and associated reasonable accommodations ODS has the discretion to require additional documentation. I am responsible for the cost of obtaining complete documentation.

I understand it is my responsibility to maintain copies of the documentation that I submit to ODS. I understand that once I leave the University, the documentation that I have submitted will be kept for five years.

To facilitate accommodations on my behalf, I understand that ODS may need to consult with other SNHU personnel. Information on how to implement accommodations may be shared on a need-to-know basis. Attention will be given to the sensitive nature of this information.

I have read and understand the statement regarding release of information.

Name (print): _____ Student ID: _____

Signature: _____ Date: _____

Disability Specialist Signature: _____ Date: _____

(Continue on reverse)

