

COLGATE ROCHESTER CROZER DIVINITY SCHOOL
Confidential Needs Identification Form

CRCDS is committed to compliance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act and all other pertinent disability anti-discrimination laws. CRCDS seeks to provide students with disabilities those support services and other reasonable accommodations needed to ensure equal access to programs and activities of the Divinity School. Reasonable accommodations are made on an individual basis. It is the responsibility of students with disabilities to seek available assistance and to make their needs known. Please refer to the Divinity School's "Policies, Procedures and Services for Students with Disabilities" for additional information.

If you are an individual with a disability who may require assistance or accommodations from CRCDS, please complete this form and return it to:

Student Services Representative
Colgate Rochester Crozer Divinity School
320 North Goodman Street
Suite 207
Rochester, NY 14607

If you have already self-identified, you must complete this form at the beginning of each semester.

To ensure the provision of appropriate accommodations, students must provide current documentation of their disability by an appropriate licensed professional. This documentation must indicate a specific diagnosis, information regarding onset, longevity and severity of symptoms, and must state how the disability and/or related medications and treatments interfere or limit functioning in any major life activity, including current participation in courses, programs, services, or any other activity of the Divinity School.

Upon receipt of this form, CRCDS will mail you the Disability Documentation Guidelines and a copy of the CRCDS policy regarding students with disabilities.

The cost of obtaining documentation is the responsibility of the student. If the documentation is incomplete or inadequate to support an accommodation request, additional documentation may be required. Please contact the Student Services Representative in the Office of Enrollment Services well in advance of arriving on campus to arrange any disability accommodations or services needed. Insufficient notice may result in delays in the provisions of accommodations or services.

It is important to understand that no services or accommodations can be provided for any student who refuses to provide documentation or does not notify the Student Services Representative. Furthermore, it is the student's responsibility to inform faculty about his or her disability at the beginning of each semester. (Note: Faculty are responsible for providing accommodations only from the time at which they become informed.)

Note: Identifying oneself as having a disability, to an individual faculty member, department or administrator other than the Office of Enrollment Services, is not considered official notification to CRCDS.

PLEASE KEEP THIS PAGE FOR YOUR RECORDS.

**THE INFORMATION PROVIDED IN THIS FORM WILL NOT BE DISCLOSED
WITHOUT YOUR CONSENT.**

Print Name:

Birthdate:

Month _____ Day _____ Year _____

Disability (check all that apply)

- Vision
 Hearing
 Mobility
 Learning
 Psychological
 Other Medical (describe below)

Pertinent documentation from the appropriate health professional describing your disability is enclosed ____, being sent under separate cover ____ or has already been provided ____.

Accommodations

Please note in the space provided or on an attached sheet any requests for specific accommodations while attending the Divinity School.

Classroom:

Campus Housing:

All School Worship:

I give my permission for the Office of Enrollment Services to receive documentation of my disability. I understand that this information is confidential and will only be used for the purpose of enabling the Divinity School to provide me with services and accommodations related to my disability. I also give my permission for the Student Services Representative in the Office of Enrollment Services to contact the person providing the documentation for further information and to share information on an as needed basis with appropriate seminary personnel who are expected to provide accommodations or if emergency treatment is required.

Signature: _____ Date ____ / ____ / ____

**PLEASE RETAIN THE FIRST PAGE FOR YOUR RECORDS AND RETURN THE
COMPLETED SECOND PAGE TO THE ADDRESS LISTED ABOVE.**