In compliance with section 504 of the Rehabilitation Act of 1973, as Amended, and with the Americans with Disabilities Act of 1990 (ADA), Mercyhurst University recognizes that qualified individuals who have diagnosed or identified learning, physical, or emotional disabilities are entitled to the same benefits from the educational programs of the college as nondisabled students. Mercyhurst University is committed to providing reasonable accommodations to qualified individuals with disabilities, unless that accommodation imposes undue hardship or burden or would not alleviate a direct threat to the student or others. The Director of Equal Opportunity Programs and the individual will work together to negotiate and ensure appropriate accommodations that will work for the student. Cost associated with diagnosis, evaluation, and testing is the responsibility of the student. The office also makes assistance available to individuals experiencing short-term illness or physical injury.

Mercyhurst University has the right to: deny a request for accommodations, academic adjustments, and/or auxiliary aids and services if the documentation demonstrates that the request is not warranted, or if the individual fails to provide appropriate documentation.

Please direct inquiries and questions to the Director of Equal Opportunity Programs at 814-824-2362.

You must provide a copy of the medical documentation and any recommendations about necessary accommodations that are included. If the assessment does not provide the necessary information with which to determine accommodations or if the assessment is more than three years old, the Director of Equal Opportunity Programs may ask the student for additional assessment.

We can be of more help to you if we know ahead of time what types of modifications may be required. If you have a documented disability, please let us know by answering the following questions.

For any accommodation request that is denied, or when a student has been given an alternate accommodation that is perceived to be inadequate, a student may appeal that decision to an appeals committee. The Director of Equal Opportunity Programs will provide information on the appeal process if/when and accommodation is denied or when the student determines it is inadequate. We will make every effort to address appeals in a timely manner.

The information I have provided is accurate to the best of my knowledge. By signing, I give my consent for Mercyhurst University to contact my treating professional for additional information as needed. I understand this information I have provided will be reviewed and placed in my permanent housing file.

Sincerely,

Alice Agnew
Director of Equal Opportunity Programs
814-824-2362
aagnew@mercyhurst.edu
ACCOMMODATION REQUEST  
2017-2018

PLEASE PRINT CLEARLY. To be completed by the student.

I. Name in Full: ________________________________
   Home Address: ________________________________
   City: __________________  State: ________________  Zip Code: __________________
   Home Phone: ____________________  Student Cell Phone: ____________________

☐ I understand the Federal Education Rights and Privacy Act of 1974, and I indicate below the individual(s) with whom I authorize Mercyhurst University to discuss this accommodation.

| Name: ________________________________ | Relationship: ____________________ | Telephone: ____________________ |
| Name: ________________________________ | Relationship: ____________________ | Telephone: ____________________ |

☐ I also understand that I may revoke this consent at any time (via written request) except to the extent that action has already been taken upon this release.

Student Signature: ___________________________  Date: _______________________

1. What is the nature of your disability? ________________________________

2. Do you have documentation concerning the disability? (Please attach to this form.) ________________________________

3. What type(s) of accommodations are you requesting? ________________________________

FOR OFFICE USE

Date all documentation received: __________________

Does documentation support existence of a disability? ☐ Yes  ☐ No

Is a reasonable accommodation necessary to accommodate the disability? ☐ Yes  ☐ No  Explanation: ________________________________

What is the specific accommodation the University will make? ________________________________

Signature: ___________________________  Date: _______________________

Return this form to:
Director of Equal Opportunity Programs • Mercyhurst University • Attn: Alice Agnew • 300 Old Main • 501 East 38th Street • Erie, PA 16546 • Phone: x2362, Fax: x3053