

# DISABILITY AND MEDICAL ACCOMMODATIONS FORM



Brown University, Box 1946  
Providence, Rhode Island 02912-9120  
Tel 401-863-3100 Fax 401-863-3955  
Email: [conference\\_services@brown.edu](mailto:conference_services@brown.edu)  
[www.brown.edu/conferenceservices](http://www.brown.edu/conferenceservices)

This form should be completed by any student who has a disability or condition that may require an accommodation, either academic or physical or both (this includes asthma, food allergies, latex allergies, etc.)

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ I am 18 years as of today's date:  Y  N

Student Last Name Student First Name MI

Parent/Guardian Last Name (if under 18) Parent First Name Relationship to Student

Home Address (street, city, state, zip / postal code, country)

Parent Address (if different from above)

Home Telephone Parent Cell Phone Student Cell Phone

Student Email Parent Email

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

Program Date(s): \_\_\_\_\_

Nature of your disability or medical condition (including asthma, any food or other allergies): \_\_\_\_\_

**If you are reporting a food allergy, please also email Dining Services at [foodallergies@brown.edu](mailto:foodallergies@brown.edu).**

Accommodations which may be requested at Brown including anything you may need in your residence hall (please note that the residence halls are not air conditioned and many have carpeting and stairs) and any academic accommodations:

If you are requesting academic accommodations, we will require a copy of the evaluation you had done to determine your eligibility in addition to any current IEP or 504 Plan.

I will be submitting documentation from the following sources and authorize release of disability-related information to Brown University:

I understand that information about my disability will be released to the Office of Disability Support Services (DSS) and may be shared with Brown University officials and employees for the purpose of coordinating services and accommodations. I also understand that DSS requires documentation that establishes eligibility prior to receiving services. This release will serve for the duration of my enrollment at Brown unless otherwise requested.

Student Signature Date

Parent Signature (if under 18) Date