

Summer and Continuing Studies

DISABILITY AND MEDICAL ACCOMMODATIONS FORM



Office of Summer and Continuing Studies
Brown University, Box T
Providence, Rhode Island 02912-9120
Tel 401-863-7900 Fax 401-863-6219
Email: summer@brown.edu
www.brown.edu/summer

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 Last Name _____ 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: Undergraduate Pre-College SPARK

Course Code & Name(s): _____

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.

Do you have an IEP or 504 Plan? If so, please describe it: _____

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):

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 _____ Date _____