

DISABILITY ACCOMMODATIONS OR SERVICES REQUEST FORM

Student and Employee Accessibility Services (SEAS)



Brown University
Student and Employee Accessibility Services
(SEAS) 20 Benevolent Street, Box P
Providence, RI 02912

This form should be completed by any student who may require an accommodation based on a learning, psychological and/or physical disability, including medical conditions, temporary injuries and significant food allergies. Please be aware that all accommodation requests will be considered, however there may be limits as to what can be provided without sufficient notice. SEAS recommends a minimum of two weeks of notice. Do not include this form with other registration materials. Return this form to SEAS by email (SEAS-SPS@brown.edu) or fax (401-863-1444).

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

Student Last Name _____ First Name _____ Middle Initial _____

Student Email _____ Student Cell Phone _____ Home Telephone _____

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

Parent/Guardian Work or Cell Phone _____ Parent/Guardian Email _____

Check one: Undergraduate Pre-College Programs BELL Sports Camp Executive Masters Other _____

Course/Program Name: _____ Arrival Date/Departure Date: _____

NATURE OF YOUR ACCOMMODATION OR SERVICES REQUEST:

Please note that you may be asked to provide documentation of the existence of a disability and evidence of the need for disability-related accommodations (for example a letter from your doctor or therapist).

- Academic/Learning (most pre-college courses do not have exams or graded assignments)
- Dietary (i.e. significant food allergy to gluten, wheat, milk, soy, fish, shellfish, eggs or nuts)
- Medical
- Physical, mobility, hearing or visual impairment
- Housing

Please describe your disability or medical condition in more detail and list any accommodations you may need: _____

I understand that information about my disability will be released to the Student and Employee Accessibility Services (SEAS) and may be shared with Brown University officials and employees for the purpose of coordinating services and accommodations. I also understand that SEAS may require 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 _____ Parent/Guardian Signature (if student under 18) _____ Date _____