

Carnegie Mellon

Voluntary Disclosure of a Disability Form

Equal Opportunity Services • Whitfield Hall, 143 N. Craig Street, Pittsburgh PA 15213 • <http://www.cmu.edu/hr/eos>
Everett Tademy, Director (412) 268-2012 et19@andrew.cmu.edu Larry Powell, EOS Manager (412) 268-2013- lpowell@andrew.cmu.edu
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Assistance for Individuals with Disabilities

Qualified individuals are entitled to reasonable accommodations under the Americans with Disabilities Act (ADA regulations). Accommodations are determined on a case-by-case basis. Equal Opportunity Services serve as links between individuals with disabilities and the campus community. Information released will provide documentation of a disability for faculty, staff, students and prospective students of Carnegie Mellon University. All information will be considered confidential and only released to appropriate personnel on a need to know basis. To access services, individuals must initiate a request in writing for specific services/accommodations (alternative text format, enlargements, interpreters, etc.). Accommodations prescribed only apply to Carnegie Mellon University and may not be valid elsewhere. The individual takes full responsibility for ongoing assistance. **In order to receive services/accommodations verification of a disability is required.**

To initiate a request for accommodations please complete this form and return to:

Larry Powell, Manager, Equal Opportunity Services
Carnegie Mellon University, 102 Whitfield Hall
143 N. Craig Street, Pittsburgh, PA 15213-3890

Name _____ Date _____ SS# _____

Home address _____

Home Telephone # _____ Home e-mail _____

Circle which is applicable: Physical Disability Learning Disability Psychological Disability

Do you have a mobility concern that would prevent you from evacuating a building in an emergency? (Circle one) Yes No

Please describe your disability _____

In the past, have you required any accommodations? (Circle one) Yes No

If yes, please describe such accommodations _____

If you feel that some accommodation(s) (e.g., extended time for exams) would aid you in participating in college life, please describe

For Equal Opportunity Services Use

I give permission to the Equal Opportunity Services Office to release this confidential information to my faculty, advisors and other appropriate personnel (safety, etc.) on a need-to-know basis. I take full responsibility for any ongoing assistance.

Student's signature

Date

This Document Can Be Produced In An Alternative Format Call (412)268-2012