

# Bard Disability Registration

COMPLETE AND RETURN IF APPLICABLE

In compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, and the ADA Amendments Act of 2008, Bard College is committed to providing otherwise qualified individuals with disabilities equal access to the College's academic courses, programs, and activities. In support of this mission, the College provides services and reasonable accommodations to self-identified students with disabilities who present the appropriate documentation.

Students who require services and/or accommodations must register with Disability Support Services and provide documentation by a licensed professional attesting to the nature of their disability. Documentation should be no more than three years old and must include a specific diagnosis; information about the onset, longevity, and severity of symptoms; and an explanation of how the disability and/or related medications or treatments interfere with or limit a major life activity, including participation in courses, programs, and activities of the College. This documentation should also include recommended accommodations. If this documentation is inadequate in content or scope, additional documentation may be required. The cost of obtaining documentation is the responsibility of the student. Although an IEP or 504 Plan is helpful in understanding the types of accommodations that have been provided in the past, these alone are not adequate documentation. The original evaluations must be provided.

Individuals with the following disabilities are protected: visual, hearing, orthopedic, and motor-impairment disabilities; medical or psychological disabilities; and learning disabilities. This list is not exhaustive; students who have a disability that is not included should consult the Disability Support Coordinator (phone: 845-758-7532). For further information about requirements and guidelines for proper documentation, consult the Disability Support Coordinator.

<b>Name</b>			
Last	First	Middle	
<b>Address</b>			
Street			
<hr/>			
City	State	Zip	Country
<b>Telephone</b>		<b>E-mail</b>	
Home	Cell		

## Disability Information

State the nature of your disability.

List any accommodations you are requesting.

Documentation from a licensed professional (check one)  is enclosed  will be sent separately

(continued)

Please return this form to:

Office of Admission, Bard College, PO Box 5000, Annandale-on-Hudson, NY 12504-5000

Telephone: 845-758-7472 Fax: 845-758-5208 E-mail: admission@bard.edu Website: www.bard.edu

# Release of Documentation

I hereby authorize the Disability Support Coordinator at Bard College to receive documentation of my disability. I understand that this information is confidential and will be used only for the purposes of enabling Bard College to provide me with services related to my disability. I understand that the person providing the documentation of my disability may be contacted for further information.

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

(if student is under 18)

Name of physician or diagnostician \_\_\_\_\_ Title \_\_\_\_\_

Agency or affiliation \_\_\_\_\_

Address \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

Country

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Home

Cell

**Please return this form with accompanying documentation to: Office of Admission, Bard College,  
PO Box 5000, Annandale-on-Hudson, NY 12504-5000.**