

Department of Human Resources

Dear Student:	
There may be times Human Resources may a Please provide the following so we can contact	
Personal e-mail address:	
Best phone number(s) to contact you:	
Current Address:	
Student Signature	Date
Student Signature	Date
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Disability Accommodation Request Form

Office of Disability Services 720 Westview Drive, NCPC Room 408 Atlanta, GA 30310 Phone: (404) 756-5200 E-Mail:ODS@msm.edu

	Today's Date:
Student Full Name:	Date of Birth:
Social Security #	
Address	Stata Zin
-	
Telephone Number:	Cell Number:
Current E-mail Address	
Classic St. 1 (1) (1) (1)	No. angular
	<u> </u>
Mr.	
*	
RELEASE OF INFORMATION	
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Current Student	
What is the nature of your impairment? (Check all that apply)	
Learning Disability Attention Definit/Hamamaetivity Disaster	
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Requested Accommodations

Please indicate the accommodation(s) you are requesting. Academic accommodations are addressed and provided on an individual basis based on the documents received from a language of the accommodation of the documents received from a language of the accommodation of the documents received from a language of the accommodation of the documents received from a language of the accommodation of the documents received from a language of the accommodation of the documents received from a language of the accommodation of the documents received from a language of the accommodation of the documents received from a language of the accommodation of the documents received from a language of the accommodation of the documents received from a language of the accommodation of the documents received from a language of the accommodation of the documents received from a language of the accommodation of the documents received from a language of the accommodation of the documents received from a language of the accommodation of the documents received from a language of the accommodation of the accommodatio	icensed professional
<u>, </u>	
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☐ Letter listing approved accommodations for students to provide to faculty	
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AUTHORIZATION FOR RELEASE OF INFORMATION

I, (print student name)	ID#:		
Address:			
City, State, Zip Code			
do <u>bere</u> hu authorize (Namelo	do herehu authorize (Name/contact information of the certified disanostician or doctor)		
<u> </u>			
	<u></u> ;		
Name of the district of the street is			
	: : !		
Address:			
City, State, Zip Code:			
to release the following infor	nation to:		
	Morehouse School of Medicine Office of Disability Services 720 Westview Drive, Harris Building, Room 132 Atlanta, GA 30310 Phone: (404) 756-5200 Fax: (404) 752-1639		

Office of Disability Services

Accommodations Services for Students with Disabilities

SCHOOL OF MEDICINE

Registration and Information Packet

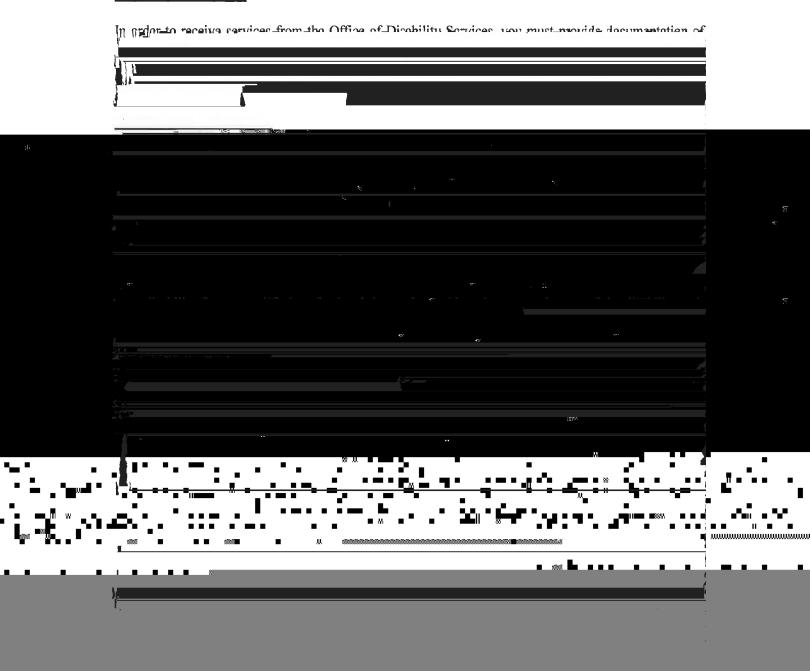
Morehouse School of Medicine

Office of Disability Services
720 Westview Drive, S.W.
Harris Building, Room 132
Atlanta, GA 30310
(404) 756-5200
ODS@msm.edu

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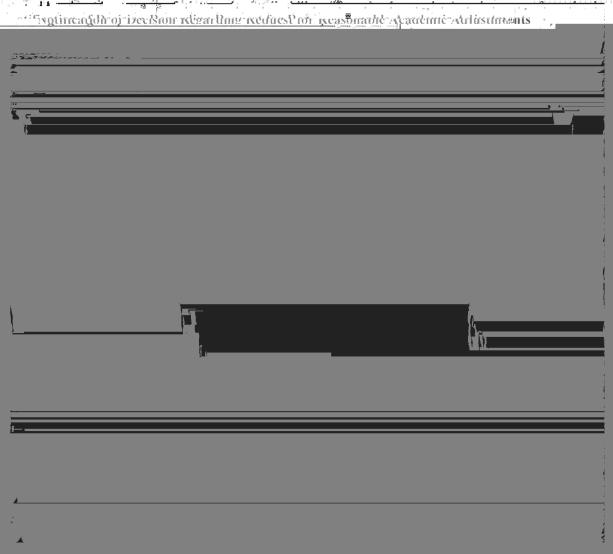
Guidelines for Requesting Accommodations Morehouse School of Medicine's Office of Disability Services is committed to providing an equitable and inclusive environment for all members of the community. It is the policy and practice of the Office of the Community of the Communit

Eligibility for Services



- Confidentiality Statement
- Requested Accommodations Form

Personnel from the Office of Disability Services will also gather information from instructors and course directors about the academic requirements for the student's classes and what types of reasonable academic adjustments might assist the student in meeting the academic requirements of the courses, including practicum experiences. The students also will be asked to participate proactively in understanding the academic requirements and providing insights into the reasonable academic adjustments that would allow the student to fulfill the academic requirements. The Office of Disability Services will consider any recommended reasonable modification or adjustment that would enable the student to have an equal opportunity to benefit from the academic program, and will take into





Grievance Procedure

Norehouse School of Medicine is committed to a policy of ensuring that no otherwise qualified
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o discrimination in School programs or activities due to his or her disability. MSM is fully committed to complying with all requirements of the Americans with Disabilities Act of 1990



	SCHOOL	MEDI
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CONFIDENTIALITY STATEMENT

Disability	documentation	submitted t	o the Office	of Disability	Services	(ODS) is	considered
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GUIDELINES FOR DOCUMENTATION OF SPECIFIC LEARNING DISABILITIES

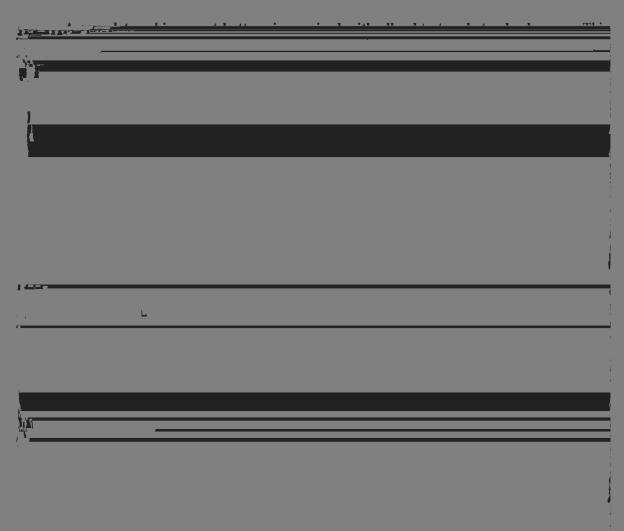
Under the Americans with Disabilities Act (ADA) of 1990, as amended as amended by the
Americans with Disabilities Act Amendment Act (ADAAA), and Section 504 of the Rehabilitation
Act of 1973, individuals with learning disabilities are guaranteed certain protections and rights to reasonable academic adjustments based upon documentation. The documentation must indicate the disability substantially limits some major life activity including learning. The following guidelines were reasonable academic and bisability (ALIEAD) and are provided
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*Woodcock Johnson Psychoeducational Battery-Revised: Test of Cognitive Ability
*Standard-Binet Intelligence Scale: Fourth Edition

Note: The Slosson Intelligence Test-Revised and the Kaufman Adult Intelligence Test do not constitute adequate intelligence test measures.

B. Achievement





GUIDELINES FOR DOCUMENTATION OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDERS

Under the Americans with Disabilities Act (ADA) of 1990, as amended by the American with Disabilities Act Amendments Act (ADAAA), and Section 504 of the Rehabilitation Act of 1973, individuals with

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