

Disability Support Services

521 Wall Street, Suite 100
Seattle, WA 98121
Office (206) 239-4751
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E-mail Disability@Cityu.edu

The Disability Support Services Office (DSS), serves as coordinator of accommodations for students with disabilities at CityUniversity of Seattle, and acts as a resource person to the faculty and staff, along with liaison to outside agencies. If you need course adaptations or accommodations because of a disability, if you have emergency medical information to share, or if you need special arrangements in case a University building must be evacuated, please complete the relevant information below and return to the DSS office. Please read the entire document before signing and dating. You may call and make an appointment with the Disability Support Services Office if you would like to discuss your situation in person or via telephone.

CityUniversity of Seattle recognizes that programs and services are not always accessible for some individuals with disabilities. When a student's disability prevents him/her from fulfilling a course requirement through conventional procedures, consideration will be given to alternatives, **keeping in mind that academic standards must be maintained. The fundamental structure of a course or program can not be changed when making adjustments to accommodate a student with disabilities.**

Each student eligible for accommodations and/or services, under Section 504 of the Rehabilitation Act of 1973, as well as the Americans with Disabilities Act of 1990 (ADA), has certain responsibilities to fulfill. The student must provide CityUniversity of Seattle with medical or other diagnostic documentation that confirms his/her disability and limitations, and may be required to provide additional documentation of evaluations of limitations. Documentation means a recent and appropriate report, evaluating the individual's ability to perform adult level college work, prepared by a qualified physician, psychologist, or professional, and which states the parameters of the student's disability.

CityUniversity of Seattle encourages students with disabilities to practice self-advocacy. Each student is expected to make timely and appropriate disclosures and requests, at least six weeks in advance of a course, workshop, program, or activity for which accommodations are requested, or as soon as realistically possible. **Each quarter the student will need to notify** the DSS Office after registration about what courses the student has enrolled in and who the instructors are for those classes. The student will cooperate in obtaining and arranging for accommodations or auxiliary aids. Academic accommodations are not retroactive in nature. Therefore, it is extremely important that the student be proactive in such a request.

Auxiliary aids may be available through a variety of sources available to individual students. **The student must make request for assistance in obtaining specialized support services from other resources** such as the Division of Vocational Rehabilitation, Recordings for the Blind and Dyslexic, the Department of Veterans Affairs, etc. For example, the Department of Vocational Rehabilitation (DVR) may fund such items as transportation to the institution, tuition, text books, hearing aids, and other individually prescribed devices.

Disability law guarantees a student's access to courses, related materials, and events sponsored by the University. However, disability law does not guarantee success in every attempt. It is the student's responsibility to seek out the appropriate tools and services that best help facilitate a successful outcome.

All such matters are treated in strict confidentiality and shall not be discussed except with appropriate personnel. City University of Seattle adheres to the guidelines set forth by the Federal Educational Records Privacy Act (FERPA).

Please keep these first two pages for your records. Complete the "Student Intake Information" portion of this packet (page 3), and return it to the DSS Office. Additionally, "Form A" (page 4) is attached for use by students who currently have no supporting documentation. Form A can be faxed to a student's health care provider or otherwise qualified professional to be completed, signed and forwarded to the DSS Office. A comprehensive analysis of a student's diagnoses is extremely helpful in the provision of the best possible academic accommodations for each qualified individual. The DSS contact information can be found below.

If there are any questions or concerns regarding the qualification process, available services or the provision of academic accommodations, feel free to contact the DSS Office at your earliest convenience.

This form can be completed and returned electronically. A signature, whether digital or otherwise, implies that the referenced student has read and understands all the rights and responsibilities set forth in this form.

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STUDENT INTAKE INFORMATION

Please complete all relevant information below, sign and date the form, and return to the DSS Office for evaluation.

Name _____ Student I.D. # _____
Address _____ Home Telephone _____
_____ Work Telephone _____

Course of Study _____ (i.e., B.S.B.A., M.I.T., C.F.P.)
Courses are (check one or both) _____ On site _____ Distance Learning
Disability is: _____ Temporary _____ Permanent

Please share, in your own words, your diagnoses and symptoms. Please list each diagnosis and a short description of the related limitations.

What academic adjustments or accommodations are needed?

The DSS Office needs your permission to use information regarding your diagnoses, limitations and other relevant facts that might help us advocate on your behalf and facilitate a positive outcome.

- ❖ I hereby give the Disability Support Services Office at City University of Seattle, permission to advocate on my behalf with those individuals or agencies that have a vested interest in my success as a student at CityUniversity of Seattle.
- ❖ I understand that I must provide medical or other diagnostic documentation of my disabilities and limitations, prepared by a qualified physician, psychologist, or professional to the **Disability Support Services Office**.
- ❖ **I understand that I am expected to notify the DSS Office prior to the start of each quarter as to which classes I am taking.**

➤ Student Signature **X** _____ Date _____

This confidential form will be in effect from the date signed and shall remain effective during my admission to City University of Seattle unless superseded by the signing of a new form.

Form A

**AUTHORIZATION FOR RELEASE OF INFORMATION
BY HEALTHCARE PROFESSIONAL**

I, the undersigned student, am requesting special services from City University and hereby request and authorize you to release any information pertaining to my disability.

Student's Name (Please print): _____

Signature of Student _____ Date _____

After a qualified professional has completed the Disability Verification section below, please send this form to:

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FOR USE BY HEALTH CARE PROVIDER OR QUALIFIED PROFESSIONAL

Name _____

Address _____

Phone _____

In order to offer relevant support services designed to provide an equitable educational opportunity for individuals with disabilities, we require a verification of the student's diagnoses. Please provide the following information:

1. Diagnosis _____

2. Functional limitation(s) resulting from the condition/disorder that would, in your opinion, impede the student's performance in an educational setting.

3. Signature of Professional _____

Title _____

Date _____