

## **DIRECTIONS:**

Any Harding University graduate student self-identifying as having a disability must complete and sign *all three pages of this form*, then mail or fax it to:

Teresa J. McLeod, Disabilities Director  
Harding University  
Rm. 102 Lee Hall  
Box 12268  
Searcy, AR 72149-2268

Fax: (501) 279-5702

**OFFICE USE ONLY**

Approved \_\_\_\_\_

\_\_\_ Status Pending \_\_\_ Active \_\_\_ Inactive

Date: \_\_\_\_\_

**HARDING UNIVERSITY**

***Disability Support Services  
Graduate Application***

Box 12268  
Searcy, AR 72149-2268  
(501) 279-4019

**OFFICE USE ONLY**

Eligibility:  
Disability \_\_\_\_\_

Documentation: \_\_\_\_\_

Received \_\_\_\_\_

Date: \_\_\_\_\_ >3 years \_\_\_\_\_

**I. GENERAL INFORMATION**

Date \_\_\_\_\_ Student ID no: **H** \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Married women: Maiden Name \_\_\_\_\_ Husband's First Name \_\_\_\_\_

Birth date \_\_\_\_\_ Social Security # \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Cell Phone \_\_\_\_\_ Do you have voice mail or answering machine? \_\_\_\_\_

E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_

**II. EDUCATIONAL BACKGROUND**

Degree/s \_\_\_\_\_ Date/s \_\_\_\_\_

University \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Graduate Program at Harding \_\_\_\_\_

Initial Enrollment at Harding (Semester & Year) \_\_\_\_\_

**III. ELIGIBILITY INFORMATION**

Do you have a diagnosed physical, psychological, or learning disability? \_\_\_\_\_

Explain \_\_\_\_\_ Section 504 plan? \_\_\_\_\_

When were you first diagnosed? \_\_\_\_\_ Date of last evaluation \_\_\_\_\_ Have you received  
academic accommodations previously? \_\_\_\_\_ Explain \_\_\_\_\_

Do you have a Vocational Rehabilitation Counselor? \_\_\_\_\_ What state? \_\_\_\_\_

**I affirm that information I provided on this form is true to the best of my knowledge.**

Signature \_\_\_\_\_

# DOCUMENTED DISABILITY RECORD FOR GRADUATE STUDENT

If you have questions contact Teresa J. McLeod, Disabilities Director, at (501) 279-4019 or [tmcleod@harding.edu](mailto:tmcleod@harding.edu).

## I. IDENTIFYING INFORMATION

Student Name: \_\_\_\_\_ Email: \_\_\_\_\_

- Documentation on file  
 Documentation requested but not on file

## II. ACADEMIC ACCOMMODATIONS REQUESTED:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Extended time on tests | <input type="checkbox"/> Preferential seating                                  | <input type="checkbox"/> Enlarged font size 14 |
| <input type="checkbox"/> Audio texts            | <input type="checkbox"/> Other   | <input type="checkbox"/> Tape lectures         |
| <input type="checkbox"/> Note taker             | <input type="checkbox"/> Quiet room/No distractions for exams                  |  |
| <input type="checkbox"/> Assistive technology   | <input type="checkbox"/> Extra time for proofing & editing written assignments |  |
| <input type="checkbox"/> Interpreting           | <input type="checkbox"/> Reader for oral testing or scribe for writing exams   |  |

Explain, if needed: \_\_\_\_\_

Instructor's Name \_\_\_\_\_

Instructor's Contact: (telephone) \_\_\_\_\_ (E-mail) \_\_\_\_\_

Instructor's Address: street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

## III. RECORDS RELEASE TO APPROPRIATE UNIVERSITY PERSONNEL

I, \_\_\_\_\_, **authorize** **do not authorize** (CIRCLE ONE) the Disabilities Director at Harding University to release confidential information, as appropriate, to my teachers and other official university personnel as needed to secure necessary accommodations for my graduate collegiate progress.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

In my professional judgment, this student is eligible for the checked accommodations pending receipt of the disability documentation to the Disabilities Office.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Disabilities Director, Harding University

## RECORDS RELEASE FOR DOCUMENTATION

*If you have questions contact Teresa J. McLeod, Disabilities Director, at (501) 279-4019 or [tmcleod@harding.edu](mailto:tmcleod@harding.edu).*

I, \_\_\_\_\_, **do do not** authorize the release of confidential  
**Print Name** (circle one)

information to the Disabilities Office at Harding University.\*

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\*ADA General Guidelines for Documentation:

- a clear, diagnostic statement identifying the disability, date of the current diagnostic evaluation, and date of the original diagnosis
- a description of diagnostic criteria and/or diagnostic test(s) used to evaluate
- a description of the current functional impact of the disability
- treatments, medications, assistive devices/services currently prescribed or in use
- a description of the expected progression and/or stability of the impact of the disability over time
- credentials of the diagnosing professional(s)
- any additional information that would help support and identify the need for requested academic accommodations

We reserve the right to request additional documentation if deemed necessary.

The Disabilities Office is committed to keeping disability-related information confidential in accordance with state and federal laws. (ADA/504 compliance)