**Registering with Disability Services**

Franklin University and Urbana University (University) is committed to ensuring that all student have equal access to its academic programs. We are dedicated to serving the needs of students whose disabilities may provide functional limitations in the academic setting.

Students with disabilities are entitled to reasonable accommodation according to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990. Student have the right not to be discriminated against or disrespect based on an actual or perceived disability. They are entitled to access to all University programs if “otherwise qualified” to participate. However, along with these rights come responsibilities.

Section 504 of the Rehabilitation Act of 1973 states that a student with a disability (who is in need of auxiliary aids) is obligated to provide notice of the nature of the disabling condition to the University. To do this you must register with the Office of Disability Services (ODS) Coordinator.

**Registration**

ODS is responsible for coordinating and ensuring equal access for students to courses, programs, services, and activities offered by the University. You may register with the ODS as a new student, a current student, or if you were just diagnosed with a disability or impairment. Students are encouraged to initiate the process to disclose a disability and to request accommodations in a timely manner prior to the start of enrollment. Requests for accommodations or services may be made at any time; however, keep in mind that some accommodations may take time to arrange. Be aware that accommodations are not retroactive and cannot be made for events or exams that have occurred prior to the request.

To register:

1. Schedule an appointment, in person or by telephone, with the Disability Services Coordinator for an intake accommodation assessment.
2. Complete the attached Disability Services Application.
3. Acquire and submit documentation from a qualified professional of your disability. (See below for documentation requirements)

**Definition of a Disability**

A person has a disability if he or she has a physical or mental impairment that substantially limits one or more “major life activities.” Major life activities include functions such as walking, seeing, hearing, breathing, learning, working, caring for oneself, and performing manual tasks. A “qualified individual with a disability” does not include active alcoholism or current illegal drug use (Americans with Disabilities Act of 1990).

**Diagnosis by a Qualified Professional**

Students requesting services must provide documentation of their disability from a qualified professional. A “qualified professional” has significant experience diagnosing and/or treating a given disorder. The documentation should provide information regarding the onset, longevity, and severity of symptoms as well as a specific description of how it interferes with educational achievement.

**Confidentiality Statement**

All documentation submitted to the University pertaining to disabilities, impairment, or services rendered is confidential. Disability information is shared only on a limited basis within the University and only when there is compelling need to communicate with faculty and staff in order to achieve implementation of reasonable accommodations.

**Self-identification of a Disability**

To be eligible for accommodations, you must self-identify as a person with a disability or impairment to the ODS. Disclosure of this information is voluntary, and no adverse consequences will result from providing this information.

**Disability/Impairment Type with Documentation Guidelines**

Below are general guidelines as to what documentation will be needed to establish reasonable accommodations for you at the University. If the documentation is incomplete or inadequate, you may be required to provide additional documentation. You are responsible for any costs associated with obtaining documentation.

**Deaf & Hearing Impaired** – Audiogram and or the audiologists report documentation a hearing loss that necessitates support services in or to participate in classes.

**Blind & Visually Impaired** – Report from ophthalmologist/optometrist documenting the need for services other than corrective lenses.

**Psychiatric & Learning Disabilities** – Testing within the last 5 years, or as an adult is preferred. Documentation should include evidence of existing impairment, background information, relevant testing procedures and outcomes, specific diagnosis, summary of the report.

Accommodations are determined on a case-by-case basis, depending on the nature of the disability and the documentation provided.

**Disability Services Application**

Please complete the following form to the best of your ability. If you have questions about completing this form, please contact ODS at 614-947-6753 or [accommodate@franklin.edu.](mailto:accommodate@franklin.edu)

**STUDENT INFORMATION**

Name Student ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Campus? Franklin Urbana

**ACADEMIC INFORMATION**

Did you receive services in high school? Yes No

If so, please describe services:

What other universities have you attended? Did you receive accommodations?

1. Institution Yes No

Reason for leaving

1. Institution Yes No

Reason for leaving

1. Institution Yes No

Reason for leaving

**DISABILITY INFORMATION**

Type(s) of Disabilities

Identify all that apply and for which you are submitting official documentation from a qualified professional:

Attention Deficit Hyperactivity Disorder Medical/Health Impairment

Emotional/Psychological Disorder Speech Impairment

Hearing Impairment Visual Impairment

Physical/Mobility Impairment Learning Disability

Other:

Explain how your disability impacts you in an educational setting:

Are you currently taking any medication related to this disability? Yes No

**Statement of responsibility:**

I UNDERSTAND that I will be notified of any approved accommodations within one week of receipt of all documentation. Any requests for additional accommodations during the semester may be delayed because of the resources that need to be pulled to meet the request (ex: alternative format textbooks, note taker, etc.)

I UNDERSTAND that it is my responsibility to contact the Office of Disability Services every semester to discuss my class schedule and accommodations needed.

I UNDERSTAND that it is my responsibility to contact the Office of Disability Services if I ADD or DROP any classes from my schedule.

I UNDERSTAND that it is my responsibility to notify the Office of Disability Services if I am having problems with the accommodations that have been provided.

Student Signature

Date

Carla H. Waugh

Disability Services Coordinator

201 South Grant Avenue Columbus, Ohio 43215

Phone 614-947-6753

Fax 614-255-9518

[accommodate@franklin.edu](mailto:accommodate@franklin.edu)

Franklin University and Urbana University does not discriminate on the basis of age, religion, race, ethnicity, color, national origin, ancestry, immigration status, sex, sexual orientation, gender identity or expression, marital or familiar status, disability, veteran or military status. For inquiries about Franklin University’s non-discrimination policies, please contact the Dean of Students Office, Otte Student Services Center, 201 S. Grant Ave., Columbus, Ohio 43215, 614-947-6758, [advocate@franklin.edu.](mailto:advocate@franklin.edu) For inquiries about Urbana University's non-discrimination policies, please contact the Executive Director of Student Affairs, Blackmer Hall, 579 College Way, Urbana, Ohio 43078, 937-772-9200, [StudentServices@urbana.edu.](mailto:StudentServices@Urbana.edu)