Deaf/Hearing Impaired Accommodations Request Form

To requesting accommodations, complete the form, print and sign it, and then submit it via fax, US Mail, or in person to Mercer University Disability Services. All students requesting accommodations must register as a student with a disability by submitting appropriate documentation for review and requesting accommodations in a timely manner. Please provide your most recent audiogram including recommendations for classroom accommodations from the audiologist who completed the evaluation. In addition, we may require that you provide us with a comprehensive history of your most recent classroom accommodations and a signed Medical Release of Information permitting us to contact your audiologist for clarification of your accommodations needs.

Name: _______________________________ Today’s Date: __________________

Student ID: ___________________________ E-mail Address: __________________

Phone (Day): __________________________ Phone (Cell): __________________

Beginning Enrollment Date: ___________ Degree Program: __________________

Academic Advisor’s Name: ____________________

Auxiliary aids, accommodations, and/or services requested - mark one or more

Notetaker ___________ *Real Time Transcription ___________ *Captioned Videos ___________

FM Amplification Unit ___________ Preferential Seating ___________ Tape Recorder ____________

*Sign Language Interpreter (please indicate type) ________________________________

*Students requiring interpreting, transcription or captioning services should register for services as soon as possible after being admitted and at least 6 weeks prior to the start of the term to permit time for arrangements to be made. Captioning for videos should be requested at least 2 weeks in advance.

Notetaker = a copy of another enrolled student’s notes will be provided

Captionist = Realtime or Remote

Interpreter = ASL, SEE1, SEE2, Oral, Transliterator, Pidgen, Tactile, Low-Vision

Real Time Transcription = CART, C-Print, Typewell, Real-time Captioning, Remote Captioning

By signing below, I state I understand that I am submitting documentation and requesting to be registered for accommodations and services with Disability Services and accountable for any adaptive technology or equipment on loan from the ODS. I also understand the policies and procedures set forth by Mercer University will apply.

Signature __________________________________ Printed Name ________________________

To Be Completed by Mercer University Disability Services Only:

Staff Initials ___________ Date Received ___________ Delivered By ___________

Forwarded To ___________ Date Forwarded ___________ Date Received ___________