

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 a 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, Transliterators, 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 _____