



## Office of Disability Services VOLUNTARY DISCLOSURE and Accommodation Request

Congratulations on your acceptance to WPI! We hope that you will find your experience here to be exciting, challenging and rewarding.

To request accommodations, submit this completed form along with appropriate, specified documentation as early as possible. **School plans and previous accommodation records such as an IEP or 504 plan or College Board accommodations are not sufficient documentation.** If you have any questions about the required documentation you can refer to the Office of Disability Services web page for guidelines: <http://www.wpi.edu/offices/disabilities>

*\*\*Please note that once your materials are received, you will be contacted to schedule an intake appointment to discuss a reasonable accommodation plan. To prepare for this half-hour appointment, please refer to the "From High School to College" portion of our website.*

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

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Student ID# (if known): \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Intended/current Program of Study: \_\_\_\_\_

Please mark your current academic affiliation:

- Mass Academy     First-year     Sophomore  
 Junior     Senior     Grad

Please provide the following information:

- Brief description of disability/diagnosis(es) and when first diagnosed:
  
- When you first received services:
  
- The date of your latest evaluation(s):
  
- Describe how you expect your disability/learning profile to impact you at WPI:
  
- Describe the services you have received in the past 3 years:
  
- List the accommodation/services that you will be requesting at WPI:

I \_\_\_\_\_ (print name) grant permission for my disability-related information to be released to Worcester Polytechnic Institute Office of Disability Services. I understand that this information is confidential.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return form with appropriate documentation to:**  
Office of Disability Services WPI 157 West St., Worcester, Massachusetts 01609