

# Disability Services Registration Form

Please submit the appropriate clinical documentation with this form. Please review the guidelines for documentation on our website at [www.babson.edu/academicservices/disability](http://www.babson.edu/academicservices/disability). A personal interview with the Manager of Disability Services is required before any service is implemented.

Mail, e-mail, or fax this form and documentation to:

Mary M. Powell

Manager, Disability Services

Hollister Hall

Babson College

Babson Park, MA 02457-0310

Phone: 781-239-4508

Fax: 781-239-5567

TTT/TTD: 781-239-4017

**Personal Information:** (please print clearly)

**Year of Anticipated Graduation:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

**Health Condition/Disability Information:** (Use back side of sheet if more space is needed)

Name of health condition/disability: \_\_\_\_\_ First Diagnosed? \_\_\_\_\_

Describe your disability and how it impacts your life at Babson. What kind(s) of accommodation(s) have you used previously?

**Accommodation Requests:** (Please indicate anticipated needs and add more if necessary)

Classroom: \_\_\_\_\_

Exam: \_\_\_\_\_

Housing: \_\_\_\_\_

Assistive Technology: \_\_\_\_\_

Other: \_\_\_\_\_

The information I have provided is accurate to the best of my knowledge. I authorize Disability Services to consult, as needed, with clinicians to clarify my documentation.

\_\_\_\_\_

Student Signature