



## ACCESSIBILITY|DISABILITY SERVICES INSTRUCTION FOR REGISTRATION

10497 Wilshire Blvd, Los Angeles, CA 90024. 91711 • Ph. (909) 447-2507

*Please submit completed forms and attachments  
to Accessibility|Disability Services*

Claremont School of Theology (CST) is committed to providing educational opportunities and access to persons with disabilities in accordance with the Americans with Disabilities Act (ADA) of 1990, the Rehabilitation Act of 1973 (Section 504), and applicable local, state and federal anti-discrimination laws.

Requests for reasonable accommodations will be considered on an individual basis. Students with documented disabilities are encouraged to contact Accessibility|Disability Services as early as possible, to alert the institution about disabilities for which they may want to request accommodations. Classroom accommodations are approved for courses offered by CST. Requests for accommodations for courses taken through cross-registration at the following institutions must also go through CST Accessibility|Disability Services: Academy of Jewish Religion/California, University of the West, Willamette University, or Bloy House.

Please follow the instructions below for completing Accessibility|Disability Registration process:

- Complete all the attached forms, including self-disclosure statement and consent to release information.
- Obtain a letter from your medical provider or licensed professional that includes the following:
  1. The credentials of the evaluator(s).
  2. A diagnostic statement identifying the condition
  3. A description of the current functional limitations.
  4. The connection between the condition and the barrier for which accommodations are requested.
  5. Documentation for any family member that needs care or is immunocompromised and prevents you from fulfilling any residential or in-person requirement due to risk of exposure.
- Schedule an appointment to discuss your accommodation request with the Accessibility|Disability Coordinator, Ana Tamayo at (909) 447-2507 or [atamayo@cst.edu](mailto:atamayo@cst.edu). Accommodations will be determined through an interactive process between the student and the Accessibility|Disability Director together, along with all necessary documentation.
- Provide your class enrollment information, full name of your professor, class title and course number to Accessibility|Disability Coordinator, Ana Tamayo [atamayo@cst.edu](mailto:atamayo@cst.edu) prior to the start of each semester for accommodations letters to be processed in a timely manner.



ACCESSIBILITY/DISABILITY SERVICES  
REQUEST FOR ACCOMMODATIONS FORM

1325 N. College Avenue, Claremont, CA. 91711 • Ph. (909) 447-2507

*Please submit completed form to the Accessibility/Disability Services Office*

Today's Date: \_\_\_\_\_

**STUDENT INFORMATION**

Name: \_\_\_\_\_ Email: \_\_\_\_\_@cst.edu  
Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**ACADEMIC INFORMATION**

Enrollment Date: \_\_\_\_\_ Degree Program \_\_\_\_\_  
Advisor: \_\_\_\_\_  
Anticipated Graduation Date: \_\_\_\_\_

**MEDICAL INFORMATION**

Disability Diagnosis: \_\_\_\_\_

Disability is:  Permanent  Temporary

If temporary, please explain:

Functional/Educational Limitations:

**NATURE OF DISABILITY**

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What is the nature of your disability(ies)? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Learning Disability                      | <input type="checkbox"/> Visual Impairment    |
| <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder | <input type="checkbox"/> Hearing Impairment   |
| <input type="checkbox"/> Chronic Health Disorder                  | <input type="checkbox"/> Mobility Impairment  |
| <input type="checkbox"/> Psychological Impairment                 | <input type="checkbox"/> Other(explain below) |
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**ACCOMMODATION HISTORY** (i.e. undergrad, employment or previous graduate work):

**ACCOMMODATIONS REQUESTED**

**KIN-RELATED EXCEPTION REQUEST**

- The above information is strictly confidential, and will only be discussed as is necessary to insure the appropriate accommodations for each student.
- Student files will be retained for five years after graduation or the last date of attendance. Incomplete files will be kept for one year from the original of intake.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Access./Dis. Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CONSENT AND AUTHORIZATION TO DISCLOSE  
ACCESSIBILITY|DISABILITY(IES) INFORMATION**

In order to provide reasonable accommodation, it is sometimes necessary to discuss the documentation the student has submitted to the Claremont School of Theology (CST) Accessibility|Disability Director with providers such as licensed physicians, psychologists or other qualified professionals, as well CST faculty and professional staff. I understand that if I am taking coursework through cross-registration at Academy of Jewish Religion, California, University of the West, Willamette University, or Bloy House, and would like accommodations at these affiliated and partner schools, it is necessary to allow for release of information to these partners' designated Accessibility|Disability office.

I hereby grant permission for the CST Accessibility|Disability office to discuss my accessibility and/or disability accommodations request; to exchange information regarding the documentation I have submitted to CST with my provider(s) (physician, psychologist, or other qualified professional) and to request accommodation from Claremont School of Theology, Academy of Jewish Religion, California, University of the West, Willamette University and Bloy House's faculty and professional staff.

This authorization will remain in effect for the duration of my enrollment. I understand that I may revoke this release of information privilege at any time by informing, in writing, the CST Accessibility|Disability Director.

I understand that this information is to assist with my education and request for accommodation. I further understand that my refusal to authorize consent, may result in a denial of specific accommodations.

I acknowledge that my accessibility|disability documentation will be kept on file for five years and that I have been informed to keep copies of all accessibility|disability paperwork.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_