

# NEW HAMPSHIRE INSTITUTE OF ART

## Disability Assessment Form

This information is requested on a voluntary basis only.  
If you have a **learning disability** or **physical disability**, please complete this form and return to:

**Student Services  
New Hampshire Institute of Art  
148 Concord Street  
Manchester, NH 03104**

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Freshman       Sophomore       Junior       Senior       Other

### **Identification of Disability** *Please be as specific as possible*

Learning Disability       Dyslexia       Other \_\_\_\_\_

Physical Disability       Use wheelchair       Use a brace or other appliance  
 Use crutches       Have a prosthesis

Explain disability: \_\_\_\_\_

Visual Impairment       \_\_\_\_\_

Hearing Impairment       \_\_\_\_\_

Other       \_\_\_\_\_

### **Verification of Disability** *Documentation of your disability is required*

Test results attached       Physician's letter attached  
 Other \_\_\_\_\_

How can we best assist you? Please specify: \_\_\_\_\_

### **Disclosure of Information** *Please sign the appropriate statement*

**I give permission** to the Student Services Office to verify my disability to faculty if the information is requested.

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

**I do not give permission** to the Student Services Office to verify my disability to faculty if the information is requested.

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

