

BARNARD COLLEGE
THE ARTHUR O. EVE HEOP SCHOLARS PROGRAM
Learning Disability Payment Request

Complete form attached and register with the Office of Disability Services, Room 105 Hewitt.

Name _____ Class _____ Ext _____ Email _____

Which center will you be using?

Specialist's Name _____

Name of Center _____

Address _____

How much is the fee? _____

Office use only

HEOP will be paying this amount _____

Check request sent to Controller on _____