



Disability Self-Disclosure Form

Please complete this form and return to Disability Support Services (see contact information below)

MUST be completed by STUDENT.

Biographical Information:

Name: _____ Student ID (if known): _____

Date of birth: _____ Email: _____ Cell phone: () _____ - _____

Address: _____ City: _____ State: _____ Zip code: _____

Major (if known): _____ Class of: _____

Disability/Impairment Information:

Please identify the diagnosed area of disability or impairment: _____

How does the disability or impairment impact you academically? _____

How does the disability or impairment impact your everyday life? _____

Educational Background Information:

What was the last school you attended? _____

Please list the **specific accommodations** you received at your last school. *(If you did not previously receive accommodations, please write N/A.)*

Student signature: _____ **Date:** _____

IMPORTANT - AS OF 3/16/20 – ALL FORMS MUST BE SUBMITTED VIA EMAIL AS THE CAMPUS IS WORKING REMOTELY AT THIS TIME.

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