

## Voluntary Disability Disclosure

Ancilla College is committed to equality of educational opportunities for qualified students with documented disabilities. The College is responsible for assuring that programs and facilities are accessible; the Advising Center staff assists the College in carrying out this goal. We request that you provide documentation from the appropriate professional care provider about the disability, the functional limitation it imposes, and recommendations for accommodations. All the information that you provide is voluntary and will be kept strictly confidential.

Please complete and return this form to the Advising Center Lab located in Room C202.

### General Information

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

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

### Disability Information

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

Attention Deficit Disorder

Deaf

Medical

Psychological

Blind

Hard of Hearing

Speech Impairment

Learning Disability

Visual Impairment

Traumatic Brain Injury

Mobility Impairment

Other (please list)

\_\_\_\_\_

Are you a client of a state/federal rehabilitation agency (e.g. Division of Vocational Rehabilitation, Veteran's Administration, etc.)?

Yes       No

If yes, which agency?

\_\_\_\_\_

The information contained on this form is true and accurate to the best of my knowledge.

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

Date: \_\_\_\_\_

---

### **Attention!!**

This form is used for disclosure of a disability. **If you do not have a disability, you do not need to fill out this form.**

**Please be sure to check next to the disability that applies to you.**

We need this information to ensure you receive the services you need.