

Voluntary Disability Disclosure

Concord University welcomes students with disabilities to participate fully in all aspects of college life. If you are interested in academic, housing or other accommodations, please fill out this form and attach documentation from the appropriate professional regarding your disability. Any information you provide is voluntary and will be kept strictly confidential.

Students are responsible for providing appropriate documentation of their disability and functional limitation prior to receiving accommodations. Documentation must be from a physician, therapist, school psychologist, vocational rehabilitation counselor, or other appropriate professional and meet the following requirements:

- Be on letterhead stationary
- State a specific diagnosis/disability
- Include the professional's recommendation for accommodations needed to assist with the student's academic program
- List any medications the student is taking for his/her disability
- Be dated within the past three years (or from high school if an IEP)

General Information:

Name _____ Student Number _____ Date _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

What is the nature of your disability? (Please check all that apply)

- | | |
|-------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Autism/Asperger's Syndrome | <input type="checkbox"/> Orthopedic/Mobility |
| <input type="checkbox"/> Blind/Visual Impairment | <input type="checkbox"/> Psychiatric/Psychological |
| <input type="checkbox"/> Chronic Illness/Medical Condition | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Other _____ |

Please share any information that you feel would be helpful for the Office of Disability Services to know about how your disability may affect your education and life at Concord University:

Please return to: **Nancy Ellison**
Office of Disability Services
Concord University
P.O. Box 1000 Box 86
Athens, WV 24712
nellison@concord.edu

Please Attach Documentation