



**Office of Support Services  
(706) 878-0787: cell**

**FORM FOR DISCLOSURE OF DISABILITY**

Truett McConnell University makes every effort to assist students and employees who may have special needs that are the result of disability and/or impairment. If you have a disability or impairment and are requesting accommodations while enrolled or employed at Truett McConnell University, please complete this form and return it to

**Nell Hoyle**  
**Office of Support Services**  
**Truett McConnell University**  
**100 Alumni Drive**  
**Cleveland, GA 30528**  
[nhoyle@truett.edu](mailto:nhoyle@truett.edu)

A student or employee who wishes to disclose a disability has the legal responsibility to request any accommodation in a timely manner, thereby allowing reasonable time for the University to respond. The student or employee has the additional responsibility to provide the institution with appropriate documentation of the disability. With the exception of specific learning disabilities and physical impairments, all documentation must be dated within the past three years.

Once the Office of Support Services receives this form, you will receive additional information on how to proceed with requesting accommodations.

Students with disabilities admitted to Truett McConnell University will be expected to meet the same academic and behavior requirements that are expected of all students at the University.

Employees with disabilities working at Truett McConnell University will be expected to follow the same policy and procedures that are expected of all employees at the University.

The information on this form will be kept in strict confidence and used only in the College's effort to provide appropriate services.



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

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

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

Phone  
Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Nature of Your Disability**

- \_\_\_\_\_ Mobility-impaired (describe) \_\_\_\_\_
- \_\_\_\_\_ Deaf
- \_\_\_\_\_ Hearing-impaired (describe) \_\_\_\_\_
- \_\_\_\_\_ Blind
- \_\_\_\_\_ Visually impaired (describe) \_\_\_\_\_
- \_\_\_\_\_ Learning-disabled (describe) \_\_\_\_\_
- \_\_\_\_\_ Attention Deficit Disorder
- \_\_\_\_\_ Other health impairment (describe) \_\_\_\_\_

**Limited Major Life Activity (according to the Rehabilitation Act, Section 504)**

- \_\_\_\_\_ Seeing
- \_\_\_\_\_ Hearing
- \_\_\_\_\_ Speaking
- \_\_\_\_\_ Walking
- \_\_\_\_\_ Breathing
- \_\_\_\_\_ Caring for oneself
- \_\_\_\_\_ Performing manual tasks
- \_\_\_\_\_ Reading
- \_\_\_\_\_ Writing

Will you be receiving assistance from the Division of Vocational Rehabilitation, the Division of Services for the Blind, or other agencies?

\_\_\_\_\_ Yes \_\_\_\_\_ No    If "Yes," please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Caseworker's Name: \_\_\_\_\_

County/State: \_\_\_\_\_

Phone

Number: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office of Special Support Services

\_\_\_\_\_  
Date