



**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
706-878-0787**

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