Voluntary Disability Disclosure

The University is committed to equality of educational opportunities for qualified students with disabilities. The Office of Student Support Services looks forward to working with you. All the information that you provide is voluntary and will be kept **strictly confidential**. Who qualifies? Section 504 of the Rehabilitation Act of 1973 defines a handicapped person as "any person who has a physical or mental impairment which limits one of life's major activities such as walking, talking, seeing, hearing or writing."

I. GENERAL INFORMATION

1. Name:_____

2. Banner ID Number: _____ Birth Date: _____

3. Home Address:_____
Street City State Zip

4. Home Phone: _____
(Area Code)

5. Classification: ___ New Freshman ___ New Transfer ___ Visiting Student

6. Semester entering NCCU: _____ 7. Major:_____

II. DISABILITY INFORMATION

Please contact the Office of Student Support Services for questions regarding documentation and to register for services. Documentation **must** be provided before accommodations can be made. This form does not constitute documentation.

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

___ Attention Deficit/Hyperactivity Disorder
___ Diabetes
___ Visual impairment
___ Orthopedic mobility impaired
___ Hearing impairment
___ Psychological disability
___ Speech impairment
___ Multiple Sclerosis
___ Learning disability
Other (please list) _____
_____
_____

2. Will you receive assistance from the Division of Vocational Rehabilitation, the Division of Services for the Blind or other agencies? Please specify the agency, counselor name and phone number.

_____
_____
_____

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

Student
Signature _____

Date _____

Please complete and return to:
Office of Student Support Services
North Carolina Central University
Suite G-20
Student Services Building
North Carolina Central University
Durham, NC 27707

Please cut along dashed line
and return if needed.