

Disability Disclosure

What is your disability: _____

What are the functional limitations of your disability: _____

How does your disability affect you in a university setting: _____

Support services you used in high school or college/university:

- | | |
|---------------------------------|----------------------------------|
| _____ Notetaker | _____ Text in Alternate Formats |
| _____ Sign Language Interpreter | _____ Enlarged Print |
| _____ Testing Accommodations | _____ Braille |
| _____ Extended time | _____ Voice Recognition Software |
| _____ Segregated | _____ Other: _____ |
| _____ Reader | _____ |
| _____ Scribe | |
| _____ Computer | |

Support services you are requesting at this time:

- | | |
|---------------------------------|--|
| _____ Notetaker | _____ Text in Alternate Format
Be specific: _____ |
| _____ Sign Language Interpreter | _____ |
| _____ Testing Accommodations | _____ Classroom Seating (i.e.,
chair/table) _____ |
| _____ Extended time | |
| _____ Segregated | |
| _____ Reader | _____ Other: _____ |
| _____ Scribe | _____ |
| _____ Computer | |