



DISCLOSURE OF DISABILITY FORM

Office of Support Services
(706)865-2134 x2142

Truett McConnell University makes every effort to assist students and employees who may have a 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, Director
Office of Support Services
Truett McConnell University
100 Alumni Drive
Cleveland, GA 30528
sas@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. All documentation must be dated within the past three years.

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

The information on this form will be kept in strict confidence.

DO YOU WISH TO MAKE A DISCLOSURE OF DISABILITY?

_____ **YES** (Please fill out the remainder of the form before signing and returning it.)

_____ **NO** (Please do not sign the form or return it. If Truett McConnell University is not aware of an individual's disability, the University is not responsible for providing appropriate accommodations)

Incomplete forms will not be processed until all information is received.

Name: _____ **TMU ID#(If Known)** _____

Address: _____

Phone Number: _____

Email Address: _____

What semester/year are you enrolling? _____
(Semester) (Year)

Please indicate with a checkmark which of the following programs you are enrolled:

____ Residential ____ Online ____ Graduate Student

____ Commuter ____ Dual Enrollment

Dual Enrollment Students

Please provide the name of the high school/address and contact number. Additionally, in order to discuss student details with anyone other than the student, TMU requires the student sign a FERPA form. FERPA forms may be obtained from **The Registrar's Office 706-865-2134 ext. 2160**. The student must sign the FERPA form even if the student is a minor.

Dual Enrollment High School Contact Name / Number _____

Dual Enrollment High School & Address _____

Nature of Your Disability (Please check all that apply and describe disabilities where applicable)

____ Mobility-impaired (describe)

____ Learning-disabled (describe)

____ Hearing-impaired (describe)

____ Attention Deficit Disorder

____ Visually impaired (describe)

____ Other (describe) _____

____ Blind

____ Deaf

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

(Please check all that apply)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Seeing | <input type="checkbox"/> Caring for oneself |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Performing manual tasks |
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Breathing | Other _____ |

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

- No
- Yes If "Yes," please specify: _____

Caseworker's Name: _____

Caseworker's Signature (if available) _____ **Date** _____

County/State: _____

Caseworker's Phone Number: _____

Caseworker's Email address: _____

Student's Signature

Date

Office of Special Support Services

Date