

Lurleen B. Wallace Community College Voluntary Disclosure of Disability

Dear Student:

The purpose of the American Disability Act (ADA) is to ensure that students who may have special needs are provided with reasonable accommodations to help them achieve academic success.

It is important to understand that while this disclosure is voluntary, a student with a disability has the legal responsibility to request any necessary accommodations in a timely manner and to provide the institution with appropriate, current documentation of the disabling condition. Completing this form is the first step in that process. Once this form has been received by the ADA Coordinator, you will receive additional information as to how to proceed with requesting accommodations and providing documentation. Guidelines outlining the requirements for documentation of disabilities are listed on the back side of this form.

The information on this form will be kept strictly confidential and used only to provide appropriate services.

IF YOU ARE NOT DISABLED STOP HERE. DO NOT COMPLETE OR RETURN.

Name: _____ SSN: _____

Home Address: _____

Home Phone Number: _____ E-mail: _____

Nature of Disability:

Limited major life activity:

- Deaf
- Hearing Impaired
- Blind
- Visually Impaired
- Mobility Impaired
- Attention Deficit
- Other health Impaired
- Other (please specify)

- Reading
- Writing
- Mathematics
- Attention
- Physical Activity
- Mobility
- Speech
- Other (please describe)

Will you be receiving assistance from Vocational Rehabilitation Services, the Division of Services for the Blind, or other agencies? Yes _____ No _____ (If yes, please specify which agency or service.) _____

Signature

Date

Latrece Hall P. O. Box 1418 Andalusia, AL 36420	Shana Burke 750 Greenville By-Pass Greenville, AL 36037	Jason Cain P. O. Box 910 Opp, AL 36467	Laura Elliott 886 Glenwood Road Luverne, AL 36049
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