

**Greensboro College
Office of Disability Services
Voluntary Disability Disclosure Form**

I. General Information

Name _____
Social Security _____ Freshman or Transfer _____
Address _____
Phone _____ Email _____

II. Disability Information

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

____ Learning Disability
____ Attention Deficit/Hyperactivity Disorder
____ Psychological Impairment
____ Visual Impairment
____ Hearing Impairment
____ Mobility Impairment
____ Chronic Health Disorder
____ Other _____

Briefly describe the ways in which your impairment may affect your ability to fully participate in any Greensboro College programs, and indicate any accommodations you will likely request.

III. Exchange of Information

In order to best meet your individual needs and reasonable accommodations, may we have your permission to discuss any documentation that you submit with:

Your Parents	Yes _____	No _____
Your Physicians/Psychologists or other qualified professionals	Yes _____	No _____
Selected Greensboro College Faculty and Staff	Yes _____	No _____

Student Signature _____ Date _____
