Voluntary Disclosure of Disability

Congratulations upon being accepted to Reinhardt University. Reinhardt is committed to providing quality education for all of its students. If you have any special needs that are a result of a disability, you may wish to request reasonable accommodations in order for you to be most successful.

IF YOU ARE A STUDENT WITH A DISABILITY, PLEASE, COMPLETE AND RETURN THIS FORM
The information you provide will be released only to those offices responsible for providing assistance to students with disabilities.

Students may question their need for accommodations and wonder if they should complete this process. It is often best to complete the disclosure form, establish eligibility for accommodations, and then make decisions about the need for accommodations.

Disclosure is voluntary; however, all students seeking accommodations are responsible to provide the institution with appropriate, current documentation of the disabling condition and to request accommodations in a timely manner so that services can be in place for a semester. Accommodations are not granted retroactively. Upon receipt of this form, service providers will make personal connections with you and plan for the semester.

DO NOT COMPLETE AND RETURN THIS FORM IF YOU DO NOT HAVE A DISABILITY

Name_____________________________________ Student ID Number_______________

Local Address________________________________________________________________

Home Phone____________ Cell Phone____________ E-mail__________________________

Nature of Disability                                   Limited Major Life Activity
___Attention Deficit/ADHD                      ___Reading
___Deafness/Hard of Hearing                  ___Writing
___Blindness/Visually Impaired               ___Mathematics
___Mobility Impairment                            ___Attention
___Learning Disability                                ___Speech
___Psychiatric Disorder                             ___Mobility
___Other Health_______________________        ___Other_____________________

Residential Status: ____Commuting   ____ Residential
Do you have physical disability and/or request accommodations in housing? ___ Yes___No

Term of Enrollment (as Fall 2011)___________New Student __ Returning Student

Signature                                                                                                                         Date

Mail to:  Academic Support Office, Reinhardt University, 7300 Reinhardt Circle, Waleska, GA 30183
Fax: 770 720-5602 Attention: Academic Support Office Phone: 770 720-5600 for ASO contact person