

Services for Students with Disabilities Self-Disclosure Form

Please mark the appropriate responses. (You must answer "yes" to question 1 to receive services).

1. Do you have a disability that substantially limits one or more major life activity, such as those listed in question "3?"
 Yes No
2. What is the nature of your disability?
 AD/HD Blind Deaf Hearing Impaired
 Learning Disabled Mobility Impaired
 Visually Impaired Other (please list) _____
3. Limited major life activity: (check all that apply):
 Hearing Learning Physical Activity Reading
 Seeing Speaking Walking
 Other (please list) _____
4. Will you receive assistance from Vocation Rehabilitation, Division of Services for the Blind or other agencies?
 Unsure No Yes
If yes, provide the name of your counselor/agency: _____

**May we give your contact information to Pellissippi State's Office for Access and Diversity for possible scholarship monies? yes no

Your Name _____
"P" number/ Soc. Sec. Number _____
Email address _____
Phone(s) _____
Street Address _____
City _____ State _____ Zip _____
Date of Birth _____
New Student? Yes No
Year High School diploma/GED received _____

*Would you like to register to vote? Yes _____ No _____

I certify that this information is accurate and may be used by college personnel to provide assistance or services to me. I agree to furnish any documentation that may be required. I understand that any costs for obtaining documentation are my responsibility. I understand that I will be contacted regarding eligibility for services through my Pellissippi State email account.

Student Signature _____ Date _____

*Students may register to vote in Services for Students with Disabilities Office