

## 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