

Services for Students with Disabilities Self-Disclosure Form

Please mark the appropriate responses. If the answer to question "1" is "No," do not complete or return this form.

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/contact: _____

Personal Information

Name _____ CWID/ Soc. Sec. Number _____
Email address _____ Phone _____
Street Address _____ City _____ Zip _____
Date of Birth: _____ New Student? Yes No
Year High School diploma/GED received _____
*Registered 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.

Student Signature _____ Date _____

*You may register to vote in Services for Students with Disabilities office.

Return completed form to Services for Students with Disabilities,
PSTCC, 10915 Hardin Valley Rd. P.O. Box 22990, Knoxville, TN 37933-0990
Fax: (865) 539-7218 Phone: (865) 539-7153; 694-6751(Voice/TTY)