

Disability Self-Disclosure Form

The Student Academic Support Services Office serves as the link between enrolled students (full- or part-time) with disabilities and the campus community. Qualified students have the right to reasonable accommodations under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990. All documentation received by the SASS office will be considered confidential information and will be kept in a secure location. Confidential information will only be released to appropriate personnel on a need-to-know basis.

Approved accommodations are determined on a case-by-case basis. Students who have temporary disabilities should also contact the SASS office for accommodation considerations. **To initiate a request for accommodations, please complete this form and return to the SASS office.**

Full Name: _____ Student ID: _____ Date: _____

College Address: _____ Cell Phone: _____

Email: _____

Permanent Address: _____ Home Phone: _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. a.) Do you have a physical (medical, sensory, mobility) disability? | <input type="checkbox"/> | <input type="checkbox"/> |
| b.) Do you have a mobility concern that may prevent you from evacuating a building in an emergency? | <input type="checkbox"/> | <input type="checkbox"/> |
| c.) Do you have a learning disability? | <input type="checkbox"/> | <input type="checkbox"/> |
| d.) Do you have ADD or ADHD? | <input type="checkbox"/> | <input type="checkbox"/> |
| e.) Do you have a neurological or psychiatric disability? | <input type="checkbox"/> | <input type="checkbox"/> |

(If you have a learning disability, an attention deficit disorder, or a neurological or psychiatric disability and you seek accommodation for that condition, you must attach a report of appropriate testing documenting the disability as detailed in the specific guidelines.)

2. Please describe your disability.

3. Did you receive support services or accommodations in high school? If yes, please describe.

4. What did you do in high school to make yourself successful?

5. Please list any medications you are currently taking for your medical condition that may affect your learning.

6. What accommodations are you requesting at Augustana College to assist you with your learning?

7. Please select **one** of the options below, sign your name, and date the option selected. If you have questions, please contact Susan Bies, Director of SASS.

a) I **give approval** for the Student Academic Support Services Office to share information about my disability and state it in an accommodation letter that will go out to my instructors on my behalf each semester. I understand that I have the primary responsibility to share this information and that the SASS office will supplement the information I have already provided to my instructors only when this is necessary.

_____ Date: _____
Signature

b) At this time, I **do not give permission** to the Student Academic Support Services Office to share information about my disability with my instructors. I approve only a general statement that indicates I have a documented disability on file in the SASS office and accommodations are required. The SASS office will not be able to share additional information about my disability and recommended accommodations with anyone.

_____ Date: _____
Signature