

Student Disclosure Form

*This form must be filled out by the student requesting accommodations.
Please use black ink.*

Student Information:

Student Name (first middle last): _____

RU ID# (required): _____

Email (RU email only): _____ @students.reinhardt.edu

Student Status: **Accepted/Incoming Student** (starting semester & year: _____)

Current Student: Major: _____

__ Undergrad (college: _____) __ College of Professional Studies (CPS)

__ Grad (program: _____) __ Other (specify: _____)

__ Law

Disability Information:

So that we may best support you, please indicate the disability area(s) for which you are requesting services/accommodations:

__ AD(H)D	__ Chronic / Degenerative (specify: _____)	__ Psychiatric (specify: _____)
__ Asperger's Syndrome & Related Disorders	__ Hearing Loss	__ Other: (specify: _____)
__ Blind / Visually Impaired	__ Learning Disability	__ Unsure
__ Brain Injury (Acquired or Traumatic)	__ Mobility / Physical	

Are you currently under the care of a professional/specialist? (i.e. physician, counselor, academic coach, etc.)

No

Yes (please specify name(s), specialty): _____

Are you currently taking medications?

No

Yes (please specify): _____

Prescribed by (please specify name(s), specialty): _____

Please continue on back →

Accommodation Requests:

What accommodations are you requesting through the ASO at this time? Please attach additional sheets as necessary.

Accommodation: _____

Have you used this accommodation before?

No

Yes (please circle all that apply): high school college SAT/ACT other: _____

Please explain how this accommodation is useful to you (that is, what barrier or difficulty do you experience that this accommodation addresses?) _____

Accommodation: _____

Have you used this accommodation before?

No

Yes (please circle all that apply): high school college SAT/ACT other: _____

Please explain how this accommodation is useful to you (that is, what barrier or difficulty do you experience that this accommodation addresses?) _____

Accommodation: _____

Have you used this accommodation before?

No

Yes (please circle all that apply): high school college SAT/ACT other: _____

Please explain how this accommodation is useful to you (that is, what barrier or difficulty do you experience that this accommodation addresses?) _____

Accommodation: _____

Have you used this accommodation before?

No

Yes, in (please circle all that apply): high school college SAT/ACT other: _____

Please explain how this accommodation is useful to you (that is, what barrier or difficulty do you experience that this accommodation addresses?) _____

Student signature: _____ **Date:** _____

Please attach this page to the Student Disclosure Form

Accommodation: _____

Have you used this accommodation before?

No

Yes (please circle all that apply): high school college SAT/ACT other: _____

Please explain how this accommodation is useful to you (that is, what barrier or difficulty do you experience that this accommodation addresses?) _____

Accommodation: _____

Have you used this accommodation before?

No

Yes (please circle all that apply): high school college SAT/ACT other: _____

Please explain how this accommodation is useful to you (that is, what barrier or difficulty do you experience that this accommodation addresses?) _____

Accommodation: _____

Have you used this accommodation before?

No

Yes (please circle all that apply): high school college SAT/ACT other: _____

Please explain how this accommodation is useful to you (that is, what barrier or difficulty do you experience that this accommodation addresses?) _____

Accommodation: _____

Have you used this accommodation before?

No

Yes, in (please circle all that apply): high school college SAT/ACT other: _____

Please explain how this accommodation is useful to you (that is, what barrier or difficulty do you experience that this accommodation addresses?) _____

