



Voluntary Disclosure of a Disability Form

To be considered for disability services, a student has an obligation to self-identify that he/she has a disability and needs accommodation. Qualified individuals are entitled to reasonable accommodations under the Americans with Disabilities Act (ADA), as amended, and Section 504 of the Rehabilitation Act of 1973. Accommodations are determined on a case-by-case basis. All information will be considered confidential and only released to appropriate personnel on a need to know basis.

Name: _____ Student ID#: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone #: _____

My disability can be categorized as (check as many as apply)

- | | |
|--|--|
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Acquired Brain Injury |
| <input type="checkbox"/> Hearing/Visual Impairment | <input type="checkbox"/> Chronic Illness |
| <input type="checkbox"/> Psychological | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Other (please describe below) | |

Please describe the nature of your disability:

What accommodation(s) do you feel would be necessary to complete your education through distance education with Huntington University of Health Sciences?

Student Signature and Date: _____

Please return the completed form to: [Gregory Scott](#) or mail to:

Huntington University of Health Sciences

118 Legacy View Way, Knoxville, TN 37918

Attention: Disability Services

For Official Use Only: Date Received: _____ Disability Coordinator: _____