

# Disability Disclosure Form

## ABOUT THE FORM

Please complete this two-page form if you have a physical or mental health impairment, long term health condition or learning difficulty (e.g. dyslexia). The information that you provide will remain confidential, but the Student Support Office will pass details on to your department *with your consent*.

Name & Surname	
Department	
Double Major / Sub-branch	Double major Dept. : Sub-branch Dept. :
Class	
Student No.	
Register Year	
Department Advisor	
Mobile	
E-mail	

## ABOUT YOUR DISABILITY

Type of Disability	
Degree	
Communication info of your doctor	

## PROBLEMS THAT ARE WAITING TO BE SOLVED

Course following	
Access to information & equipment	
Course Load	
Exams	
Communication	
Life in the Campus	
Social Life & Health Services	
Other...	

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## FINAL QUESTIONS AND CONSENT

Do you hold a medical report for your condition? If no, why?

Do you consent to this information being passed to your department? If no, why?

Would you like someone from the *Disability Support Centre* to contact you to discuss your requirements?

Any further information and/or requirements:

DATE AND SIGNATURE

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