



University of North Carolina School of the Arts
Accessibility Resources

DISABILITY DISCLOSURE FORM

If you have a disability-related condition and wish to request accommodations or services in either the academic or living environment at UNCSA you must complete and return this form along with your documentation to Accessibility Resources. Additionally, you must attend an intake session with Accessibility Resources and complete a Request for Accommodation form. Please contact us should you have any questions.

Year and semester entering UNCSA: \_\_\_\_\_ (includes summer programming)

- Are you a new UNCSA student? Yes or No (circle one)
Are you currently enrolled in classes at UNCSA? Yes or No (circle one)
Are you a transfer student? Yes or No (circle one)
Are you a High School student? Yes or No (circle one)
Are you enrolled in a summer intensive? Yes or No (circle one)

Name \_\_\_\_\_ UNCSA ID# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_ UNCSA email \_\_\_\_\_@artist.uncsa.edu

Other email account \_\_\_\_\_

Disability: \_\_\_ Learning Disability \_\_\_ Mobility Impairment
\_\_\_ Attention Deficit/Hyperactivity Disorder \_\_\_ Orthopedic Impairment
\_\_\_ Blind or Visual Impairment \_\_\_ TBI
\_\_\_ Deaf or Hard of Hearing \_\_\_ Speech Impairment
\_\_\_ PTSD \_\_\_ Psychiatric disability
\_\_\_ Chronic Illness \_\_\_ Other

Accommodation needed or specific concerns \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

RELEASE OF INFORMATION: Accessibility Resources has my permission to reveal my disability-related needs to appropriate academic and administrative personnel for the purpose of assisting me with my transition to UNCSA and with my academic planning.

Student Signature (or guardian) \_\_\_\_\_ Date \_\_\_\_\_

5/2017

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