



Student Disclosure Form

Student Info:

Student Name (first middle last): _____ NU ID#: _____

Email (NU): _____@husky.neu.edu (personal): _____

Phone (primary): _____ Birthdate (mm/dd/yyyy): _____

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

Current Student: Major: _____

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

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

___ Law

Disability Info:

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: _____ |
| ___ Blind / Visually Impaired | ___ Learning Disability | |
| ___ Brain Injury (Acquired or Traumatic) | ___ Mobility / Physical | |

Please describe how your disability affects your daily life and school experience:

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

Yes (please specify name, specialty): _____

No

Are you currently taking medications?

Yes (please specify): _____

No

Are you currently receiving support from any state or government agency (i.e. state vocational rehab agencies, Veterans Administration, etc.)?

Yes (please specify)

Agency: _____

Caseworker: _____

Location: _____

No

Phone #: _____

Services & Accommodations

What accommodations are you requesting through the DRC at this time?

Have you been approved for academic services/accommodations in the past? Yes No

When (check all that apply):

elementary

middle school

high school

other college (undergrad / grad)**

Type:

IEP

504 Plan

Unsure

++Note:

If you received accommodations at another college, please list the name, city, and state of the other institution:

What services or accommodations have you used in the past?

Please describe how they were useful and appropriate for you:

Student signature: _____

Date: _____

*Website: www.northeastern.edu/drc * Phone: (617) 373 2675 V, (617) 373 2730 TTY * Fax: (617) 373 7800*