

Three Rivers Community College Disability Self-Disclosure Form

CONFIDENTIAL

If you wish to disclose a disability, please complete and sign this form as soon as possible. You will receive written instructions from your Disability Services Provider. Please deliver or mail this form to:

Three Rivers Community College
Welcome Center - Disability Services
574 New London Turnpike
Norwich, CT 06360

Check the appropriate box or boxes:

- Learning Disability
- Attention Deficit Disorder (ADD/ADHD)
- Autism Spectrum Disorder
- Mobility Impairment
- Medical Disability
- Speech Disability
- Hearing Impairment
- Visual Impairment
- Psychological/Psychiatric Disability
- Other (Please specify) _____

Please Note:
This information will not be shared
with faculty, staff or other
organizations. This form will be
kept in a confidential file, apart
from other records.

Please print and sign:

Name: _____

Address: _____

Town, State, Zip: _____

Student ID: @ _____ Date of Birth: _____

Telephone Number (Day) _____ (Evening) _____

Signature: _____ **Date:** _____