



Self-Disclosure Form (Side One)

To seek academic adjustments and/or accommodations for a disability please fill out both sides of this form. The following information is also available in larger print, other colors, an audio recording, etc.

1. For an option to have academic adjustments and/or accommodations in a university you should self disclose the existence of a disability and indicate how it creates such a need; this process is governed by federal law. To start the process at UWRF you should: **a.)** Have official permission to attend the university or be currently enrolled in one of its courses; **b.)** Fill out and return this form to the Disability Services Office. You should sign this form yourself, or have it signed by a legitimately authorized legal representative. These matters are explained at: <http://www.uwrf.edu/disabilityservices/ADA.html>
2. To indicate how a disability creates a need for adjustments and/or accommodations you should arrange for the Coordinator of Disability Services to receive a summary that sufficiently describes the disability (**documentation**). It should be written by an appropriate expert and contain enough information that accurate decisions can be made regarding the need for specific types of adjustments/accommodations. A significant change in your disability situation could create a need for updated documentation.
3. Even if you send this form to Disability Services the office probably won't contact you unless it has also received documentation, or you've asked a specific question (please see # 5 on reverse side). Therefore, to ensure completion of this process you should contact Disability Services with any questions or concerns and ensure the office has effective ways to contact you in return (the box below).
4. Information that Disability Services receives about you will be confidential under the **Family and Educational Rights Privacy Act (FERPA)** and kept in a locked file drawer.
5. For concerns about possible discrimination that's related to a disability at UWRF you should contact the university's ADA Coordinator, Ms. Nan Jordahl, 715- 425-0699.

I (please print name) _____ am voluntarily notifying the University of Wisconsin-River Falls that I consider myself to have a disability. By signing this form I grant the Coordinator of Disability Services permission to receive and examine personal information about me and to start a confidential file. If there's an appearance of a significant problem or hazardous circumstance that involves me, I realize and agree that the personal information can be released from my Disability Services file to appropriate people who are reasonably attempting to promote better circumstances.

_____	_____	_____
Student's signature	UWRF id. # (if available)	Date
Street address _____		Apt.# _____
City _____	State _____	Zip code _____
Phone # _____	Email address _____	

If applicable:

_____	_____	_____
Printed name of legally authorized representative	Title	Phone number
_____	_____	_____
Email address	Signature	Date

University of Wisconsin-River Falls
Disability Services Office

Self-Disclosure Form (Side Two)

Your name (please print) _____

1. Please check the following circumstance that most accurately describes your situation:

I am currently taking at least one course at UWRF.
 I am not currently taking a course at UWRF, but have been accepted to attend the university and plan to start taking at least one course on (starting date) _____.

2. What is the disability for which you are requesting academic adjustments and/or accommodations?

3. Describe the types of academic adjustments and/or accommodations you have had in the past (use more paper if needed). _____

4. Describe the types of academic adjustments and/or accommodations you want at UWRF (use more paper if needed). _____

5. Have you arranged for the Coordinator of the Disability Services Office to receive professionally written documentation that summarizes the nature of this disability? ___ yes ___ no

6. Please list any questions about these matters that you'd like to have answered (use more paper if needed).

Student's signature

Date

Printed name of whomever assisted student on form

Signature

Date

Return form to: University of Wisconsin- River Falls, Disability Services Office- Mark Johnson,
410 Third Street, River Falls, WI 54022. Office 715-425- 3531 Fax 715- 425- 3300

Office use only ➔ Date this form was received _____ Received by _____

Was documentation enclosed with this form? **no** **yes** (identify) _____

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