

## Self-Disclosure Form (Side One)

To seek academic adjustments or accommodations for a disability.

**This form is intended for people who have been accepted to start classes or are already taking classes at UWRF. By request it is available in alternative formats (enlarged print, audio recording, etc.)**

1. For an option to have academic adjustments or accommodations in a university setting students must self disclose and indicate the nature of a disability that creates a need; this process is governed by federal law. To start the process at UWRF you must: **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 Disability Services (address below). No other person may sign this form on your behalf, except a legitimately authorized legal representative. These matters are explained at: <http://www.uwrf.edu/disabilityservices/ADA.html>
2. To indicate the nature of a disability you must arrange for the Coordinator of Disability Services to receive a written report (**documentation**) that sufficiently describes a disability. It must be written by an appropriate expert and contain enough information that accurate decisions can be made regarding the need for specific adjustments or accommodations. Any time a change in your disability situation creates a need for additional adjustments or accommodations you should submit updated documentation.
3. 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 (telephone number, postal address, email address). Even if the office receives this form it probably won't contact you unless you've also arranged for the office to receive documentation or have asked a question (see # 5 on reverse side).
4. Information that Disability Services receives about you will be confidential under the **Family and Educational Rights Privacy Act (FERPA)**.
5. For concerns about possible discrimination in regards to a disability at UWRF you should contact the university's ADA Coordinator, Ms. Nan Jordahl, 715- 425-0699.

I (please print name) \_\_\_\_\_ voluntarily notify 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 hazardous circumstance that could involve me, I realize and agree that helpful information from my confidential file may be released to appropriate people who are reasonably attempting to promote safer circumstances.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
UWRF ID # (if available)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name and signature of legally  
authorized representative (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact information

**Return this form to:** Mark Johnson, Disability Services Office, University of Wisconsin- River Falls, 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) \_\_\_\_\_

# Self-Disclosure Form (Side Two)

To seek academic adjustments or accommodations for a disability.

**This form is intended for people who have been accepted to start classes or are already taking classes at UWRF. It is available in alternative formats (enlarged print, audio recording, etc.)**

Your name (please print) \_\_\_\_\_

**Please provide the following information so we can contact you if necessary:**

Street address \_\_\_\_\_ Apt.# \_\_\_\_\_

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

Phone # \_\_\_\_\_ Email address \_\_\_\_\_

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

I am currently taking classes (or a class) at UWRF.

I have not yet started classes (or a class) at UWRF, but have been accepted to attend the university and plan to start classes (or a class) on about (approximate date) \_\_\_\_\_.

2. For what type of disability situation are you requesting academic adjustments or accommodations?

\_\_\_\_\_

3. Describe the types of academic adjustments and accommodations you are seeking (use more paper if needed). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you sent the Coordinator of Disability Services Office a copy of professionally written documentation that summarizes the nature of this disability situation?    \_\_\_ yes    \_\_\_ no

5. 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 whoever assisted student on form

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The address this form should be sent is shown near the bottom on the reverse side.**