

Lincoln College of New England

Student Services Office

Self-Disclosure Disability Form

Providing This Information Is Voluntary. Lincoln College provides appropriate academic accommodations to students with documented disabilities who elect to disclose their special needs.

Name: _____

If you wish to disclose this information, please check the appropriate box(es).

- Physical Impairment
(i.e. amputation, cardiovascular disorders, carpal-tunnel syndrome, cerebral palsy, diabetes, epilepsy or other seizure disorders, multiple sclerosis, respiratory disorders, traumatic brain injury, etc.)
- Mental/Cognitive Impairment
(i.e. specific learning disability, ADD/ADHD, affective disorders, alcohol/drug abuse/dependency, eating disorders, personality disorders, schizophrenic disorders, etc.)
- Hearing Impairment
- Visual Impairment

Explanation of disability: _____

Signature: _____ Date: _____
(Parent or Guardian must sign if student is not 18 years of age)

Please return this form to: Cindy Clark, Associate Dean of Student Services
Lincoln College of New England
2279 Mount Vernon Road
Southington, CT 06489
860-628-4751 Ext. 40979