



Self-Disclosure Form for Students with Disabilities

Students who have been admitted to Hofstra University and who wish to receive information about services and accommodations for students with disabilities should complete this form. You must complete this form even if you have already disclosed this information to another office at Hofstra. While you may disclose a disability at any time during your academic career, it would be to your benefit to return this form at the beginning of your Hofstra career.

When we receive this completed self-disclosure form, we will send you guidelines for disability documentation and an Application for Services. If you anticipate requesting services such as reasonable accommodations, we must have these completed forms on file
Student Access Services can take no action on your behalf without your specific request.

Name _____
(First) (Middle) (Last)

Address _____

E-mail _____ Phone number: _____

Entry Term _____ Hofstra ID number: 70- _____

My disability can be categorized as (check as many as apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Psychological | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Other _____ | | |

Signature _____ Date _____

Please return form to: Student Access Services
126 Hofstra University, 040 Memorial Hall
Hempstead, NY 11549-1260
Phone: (516) 463-7075/ Fax: (516) 463-7070
Email: ssd@hofstra.edu