

Confidential
Student Disclosure Form
Section 504 of the Rehabilitation Act of 1973

Belmont Abbey College is dedicated to providing a quality education for all students. The Confidential Student Disclosure Form will assist the college in determining to what extent reasonable accommodations are to be provided in order to meet the needs of a student with a disability. If you **have a disability**, it is your responsibility to complete this form and provide the necessary documentation, in order that we may better understand your needs. You can refer to the Belmont Abbey College website (www.belmontabbeycollege.edu) or call the Director of Academic Assistance and Advising at 704-461-6776, for documentation guidelines or questions.

NAME _____ SID# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

Check the type of disability:

- Hearing Impaired**
- Visually Impaired**
- Mobility and Manually Impaired** (includes amputation, cerebral palsy, stroke, multiple sclerosis, muscular dystrophy, severe arthritis, and spinal cord injury)
- Learning Disability** (includes Specific Learning Disabilities and Attention Deficit Disorder with/ without Hyperactivity)
- Other: Health Impaired** (includes heart conditions, sickle cell anemia, epilepsy, diabetes, etc.)
- Other:** please identify _____

Please describe how your disability affects your academic work, class location and/or residential living situation. Include accommodations you have been provided in the past.

___ I give my permission to receive and give information from/to academic, medical, or counseling personnel to assist me with appropriate accommodations.

___ I give my permission to receive and give information from/to Parents/Guardian.

Signature _____

Date _____

Return this form to:

Mr. Thomas Turner
Director of Academic Assistance and Advising
Belmont Abbey College
100 Belmont-Mt. Holly Road
Belmont, NC 28012

Or FAX this form, in care of Mr. Turner, to:
704-461-6256 (fax)