



Self-Disclosure Statement

Student Name: _____ Student ID Number: _____

Email Address: _____ Telephone Number: _____

No student shall be retaliated against for seeking accommodation under this policy or for otherwise asserting his/her rights under the Americans with Disabilities Act of 1990 or Section 504 of the Rehabilitation Act of 1973.

Please complete and return this form to the Disability Services Coordinator. Attach any additional material necessary.

Please describe the nature of your handicap or disability.

What documentation do you intend to provide?

Have you been accommodated before, for this handicap or disability? What accommodations did you receive?

What accommodation(s) do you feel would be appropriate at Columbia Southern University?

Student/Applicant Signature _____ Date _____

For Official Use Only: Date received: _____ Disability Coordinator's Signature: _____