

**Reid State Technical College**  
**VOLUNTARY DISCLOSURE OF DISABILITY**

Dear Student:

The purpose of the Americans with Disabilities Act (ADA) is to ensure that students who may have special needs are provided with reasonable accommodations to help them achieve academic success.

It is important to understand that while this disclosure is voluntary, a student with a disability has the legal responsibility to request any necessary accommodations in a timely manner and to provide the institution with appropriate, current documentation of the disabling condition. Completing this form is the first step in that process. Once this form has been received by the ADA Coordinator, you will receive additional information as to how to proceed with requesting accommodations and providing documentation.

The information on this form will be kept strictly confidential and used only to provide appropriate services.

**IF YOU ARE NOT DISABLED, PLEASE STOP HERE. DO NOT COMPLETE THIS FORM.**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Home  
Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Nature of Disability:**

- Deaf
- Hearing Impaired
- Blind
- Visually Impaired
- Mobility Impaired
- Attention Deficit
- Other health Impaired
- Other (please specify)

**Limited major life activity:**

- Reading
- Writing
- Mathematics
- Attention
- Physical Activity
- Mobility
- Speech
- Other (please describe)

Will you be receiving assistance from Vocational Rehabilitation Services, the Division of Services for the Blind, or other agencies? Yes\_\_ No\_\_ (If yes, please specify which agency or service.)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed forms to:

Reid State Technical College  
ADA Office  
P. O. Box 588 Evergreen, AL 36401

