ADVENTHEALTH UNIVERSITY
OFFICE FOR STUDENTS WITH DISABILITIES

VOLUNTARY DELCARATION OF DISABILITY

AdventHealth University is committed to offering an equitable education to all of its students. In order to assist students requesting accommodations, it is necessary to disclose any disabilities you with to have accommodated. This is not mandatory for college attendance. Please be aware that the instructors need NOT accommodate disabilities that have not been declared.

All information supplied to the Office for Students with Disabilities is kept confidential as required by law. Valid documentation of a disability must accompany any initial request for an accommodation. Requests for accommodations cannot be processed prior to the return of this form to the Office.

Please check all that apply:

☐ Learning Disability
☐ Psychological Disability
☐ Neurological Disability
☐ Physical Disability
☐ Visual Impairment
☐ Hearing Impairment
☐ Chronic Medical Illness (specify): _____
☐ Other (specify): _____

Type of Documentation Supplied:

☐ Psychologist
☐ Mental Health Counselor
☐ Neurologist
☐ Medical Doctor
☐ Audiologist
☐ Optometrist / Ophthalmologist
☐ Other Specialist (specify): _____

_____ _____/_____/_____
Student's Name (SIGNATURE) Date

_____ _____
Student's Name (PRINTED) Student ID #

( )
Telephone # ☐ Home ☐ Cell Email Address