

Quinebaug Valley Community College

Office of Accessibility Services

Accessibility Services Self-Disclosure Form

Instructions: 1.) Please complete all sections on this form and save a copy to your device. 2.) Submit the completed form by attaching it to an email and send to: John Lepore at jlepore@qvcc.edu and Mikaela Kitka at mkitka@qvcc.edu. 3.) Once your form is received, a Disability Service provider will contact you.

Name _____

Street _____

City _____ State _____ Zip _____

QVCC Student Number @ _____ Date of Birth _____

E-mail _____

Phone Home _____

Cell _____

Do not leave this section blank. (Please write in as many as needed)

Diagnosed disability (disabilities):

Do not leave this section blank. (Please write in as many as needed)

I request the following academic adjustments:

Signature _____ Date _____

Adjustments will be determined by disability services staff through an interactive process after further discussion with you and reviewing the disability documentation you provide.