

Disability Disclosure Form

Please Provide All the Following Information:

Nature of Disability _____

Do you have a mobility concern that would prevent you from evacuating a building? Yes No
(circle one)

Anticipated Starting Date at Carlow _____

Name _____ Date _____

Social Security Number _____

Address _____

Phone: Home _____ Work _____

Major _____

Program

- Traditional Day
- Carlow Hill College
- Adult Day
- Graduate
- WEC/CAP
- Other

Name of Physician or Professional Providing Documentation

List any further details which you feel will be helpful.

Student Signature _____

*Office of
Disability Services*
405 Grace Library

P: 412.578.6257
F: 412.578.2027

www.carlow.edu
