



Disability Support Services Information/Declaration of Disability Form

1. Name _____ Student ID# _____

Address _____ Phone # _____

E-mail address _____

2. Parent/Responsible Person _____

3. Your classification in college. (Please check only one.)

New _____ Returning _____

4. Which of the following categories best describes your **primary** disability(ies)? (Please check all that apply.)

Attention-Deficit/Hyperactivity Disorder _____ Orthopedic/Mobility Impairment _____

Blindness/Visual Impairment _____ Psychological Disorder (Be specific) _____

Deafness/Hearing Impairment _____ Speech/Language Disorder _____

Learning Disability _____ Traumatic Brain Injury _____

Other (Be specific) _____

5. Date of Birth _____

6. Your gender.

Female _____ Male _____

****This information is voluntary, and will be kept confidential and used in accordance with the Rehabilitation Act of 1973 and the Americans with Disabilities Act.**

I CERTIFY THAT THE ABOVE QUESTIONS HAVE BEEN ANSWERED TO THE BEST OF MY KNOWLEDGE.

Signature of Student

Date

Northwest Mississippi Community College does not discriminate on the basis of race, color, national origin, sex, religion, age, disability or status as a veteran or disabled veteran in employment, programs, or provision of services. Compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act is coordinated by Mr. Gerald Beard, Disability Support Services Coordinator, Tate Hall, P.O. Box 5555, Highway 51 North, Senatobia, Mississippi 38668, telephone number 662-562-3309, email gbeard@northwestms.edu.