Voluntary Declaration of Disability

Florida College is committed to providing quality education to all individuals. We have provided this *Voluntary Declaration of Disability Form* to assist the college in providing our students with disabilities reasonable accommodations which will enable them to be more self-sufficient. PLEASE COMPLETE THIS FORM, AND SEND IT ALONG WITH ALL APPROPRIATE DOCUMENTATION (see below) TO:

Florida College Office of Advising 119 N. Glen Arven Avenue Temple Terrace, FL 33617 Submission Deadlines
Fall Semester: July 1
Spring Semester: December 1
(includes supporting documentation)

Confidentiality Statement

The information on this form will be kept confidential and will not be used to discriminate in any manner. By law, the information you provide about your disability cannot affect the decision to admit you to Florida College. The information obtained on this form regarding your disability, will be released only to those individuals responsible for providing assistance to students with disabilities.

Applicant's Social Sec	urity Number:///				
Name (Please print)					
Home Address					
City/State/Zip					
Telephone	Day: Eve.: _				
Are you formally reque	sting accommodations from Florida College?	[]YES	[]NO
Are you currently under the care of a physician / therapist for a disability? []YES []NO]NO
Are you fully compliant with your provider's care plan, including medications? []YES []NO Are you prescribed medications because of your disability? []YES []NO					
Describe the Spe	cific Disability:				
Name of Disability:					
Type of Disability: Impairment:	[] Behavioral/Emotional				
Brief Description of Symptoms & Limitati	ions				
Current Treatment Received & Current Accommodations					

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Additional Disability (if any):	
Type of Disability: [] Behavioral/Em Impairment: [] Hearing [] Sp	otional []Medical []Physical beech []Vision []Mobility []Learning []Other
Current Treatment Received & Current Accommodations	
Additional Disability (if any):	
Type of Disability: [] Behavioral/Em	otional [] Medical [] Physical
Impairment: []Hearing []Sp	eech [] Vision [] Mobility [] Learning [] Other
Brief Description of Symptoms & Limitations	
Current Treatment Received & Current Accommodations	
You must provide one or more of the follow current and dated within 18 months of en	ration will you be supplying with this declaration? ving forms of disability documentation. All information must be rollment at Florida College. All reports must be on the health the provider. You must include copies of all tests/assessments oplying a current IEP.
[] Physician's (MD) report with current clir	nical / DSM diagnosis and treatment history
[] Clinical psychologist's report with curre	nt clinical / DSM diagnosis and treatment history
	th current clinical / DSM diagnosis and treatment history ed and must be qualified to render clinical diagnosis.)
Granting Specific-Needs Student Status supporting documentation, are truthful,	we have received & read the Florida College Policy for us and that the information contained herein, and all complete, and accurate. We give our full and informed read, review, and keep on file all records and information
Student Signature:	Date
Parent Signature:	Date

Please remember to include all pertinent documentation.

Once your completed documentation has been received and reviewed, Florida College will determine what accommodations will be offered and will attempt to notify you as soon as possible. If you qualify for accommodations, you will receive a formal Letter of Accommodations from the Florida College Office of Advising.

If you have any questions, please call the Florida College Office of Advising at 800.326.7655 x 1849.

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