

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

Submission Deadlines

119 N. Glen Arven Avenue

Fall Semester: Add/drop

Temple Terrace, FL 33617

Spring Semester: Add/drop

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 Security Number: _____ / _____ / _____

Name (Please print) _____

Home Address _____

City/State/Zip _____

Telephone Day: _____ Eve.: _____

Are you formally requesting accommodations from Florida College? []YES []NO

Are you currently under the care of a physician / therapist for a disability? []YES []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

If yes, please list the medications & dosages:

Describe the Specific Disability:

Name of Disability:

Type of Disability:

Behavioral/Emotional Medical

Physical Impairment: Hearing Speech Vision Mobility Learning Other

Brief Description Symptoms & Limitations:

Current Treatment Received:

Current Accommodations:

Additional Disability (if any):

Type of Disability:

Behavioral/Emotional Medical Physical Impairment: Hearing Speech
 Vision Mobility Learning Other

Brief Description of Symptoms & Limitations:

Current Treatment Received:

Current Accommodations:

What type of approved documentation will you be supplying with this declaration?

You must provide one or more of the following forms of disability documentation. All information must be current and dated within 18 months of enrollment at Florida College. All reports must be on the health care provider's office letterhead, signed by the provider. You must include copies of all tests/assessments and results. This applies even if you are supplying a current IEP.

Physician's (MD) report with current clinical / DSM diagnosis and treatment history

Clinical psychologist's report with current clinical / DSM diagnosis and treatment history

Other *licensed professional's report with current clinical / DSM diagnosis and treatment history

(Other health care professional must be licensed and must be qualified to render clinical diagnosis.)

By signing this form, we certify that we have received & read the Florida College Policy for Granting Specific-Needs Student Status and that the information contained herein, and all supporting documentation, are truthful, complete, and accurate. We give our full and informed consent to Florida College to possess, read, review, and keep on file all records and information provided.

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 Academic Advising Center at the start of each semester.

If you have any questions, please contact Elizabeth Putman 813-988-5131 ext. 409