

An Equal Opportunity/Affirmative Action Employer

Division of Academic and Student Affairs

DSO Self Disclosure Form

Disability Services Office
Student Health Bldg.
2815 Cates Ave/ Ste. 2221
Campus Box 7509
Raleigh, NC 27695-7509

919.515.7653 (voice)
919.513.2840 (fax)

<http://www.ncsu.edu/dso>

Name: Student ID Number:

Phone: NC State Email:

Birth Date: Sex:

Status: (Check all that apply)

- Currently enrolled Incoming student Visiting student High school student
- Transfer student Part-time student Inter-Institutional

Have you received accommodations in the past?

Are you a veteran returning from combat?

Did someone suggest that you come? If yes, who:

If you are an NC State University Graduate Student, are you on the University Payroll?

Information about Disability or Medical Condition

Type: (check all that apply)

- ADHD Developmental Hard of Hearing Neurological Speech
- Blind Digestive Learning Disability Orthopedic
- Brain Injury Endocrine/Nutritional/Metabolic Low Vision Physical
- Deaf Genitourinary Mental Health Respiratory

Other: Permanent Temporary

By clicking "Submit by email," you agree to the following:

1. I certify that I am the student listed on this form and that all information is true, correct, and complete. Initials:
2. I understand that I am initiating a disability eligibility review. Initials:
3. I understand that if determined eligible for services and/or accommodations, I will be registered with the DSO. Initials:

Signature: Date: