



Services for Students with Disabilities
 Joseph P. Vona Academic Annex
 2083 Lawrenceville Road
 Lawrenceville, NJ 08648-3099
 T 609-895-5492
 F 609-895-5507
 www.rider.edu

Confidential Self-Disclosure Form

Directions for completing the self-disclosure form:

If you wish to disclose a disability, please complete this form and send it to the address listed below. **Include all relevant supporting documentation.** If you have questions, please call (609) 895-5492 or visit our website www.rider.edu/ssd for documentation guidelines or other information.

(Please Print)

Campus: **Lawrenceville** ___ **Princeton (WCC)** ___ **Semester entering Rider** ___
 Level: **Freshman** ___ **Sophomore** ___ **Junior** ___ **Senior** ___ **Graduate** ___ **Visiting** ___ **Auditing** ___
 If transfer, in what semester did you transfer? _____

Student Name: _____ Student ID# _____
 Date of Birth: _____ Home Phone: _____
Student Cell Phone Number: _____ Rider Email Address: _____
 Address: _____
 City/State/Zip: _____

Please indicate the nature of your disability and indicate the diagnosis where appropriate. Check all that apply:

- Learning Disability
- ADD/ADHD
- Chronic Medical or Health Disability – Diagnosis: _____
- Orthopedic or Physical Disability – Diagnosis: _____
- Psychiatric/Psychological Disability – Diagnosis: _____
- Visual Impairment or Blindness
- Hearing Impairment, Deafness or Hard-of –Hearing
- Traumatic Brain Injury/Neurological Disability – Diagnosis: _____
- Asperger’s Syndrome
- Communication Impairment
- Other (please describe _____)

How has your disability impacted your ability to succeed in school? _____

What academic adjustments, accommodations or support services have you found helpful in your previous academic settings?

Do you need any of the above academic adjustments/adaptations for placement tests?

Yes / No If yes, please explain.

Are you requesting housing accommodations?

Yes/No If yes, please complete the "Housing Accommodation Request for Students with Disabilities or Severe Medical Problems". This form can be found at www.rider.edu/SSD.

Do you have a mobility concern that would prevent you from evacuating a building in an emergency?

Yes / No

Have you ever had a serious medical or psychiatric diagnosis? Yes / No

If yes, please briefly describe: _____

Have you ever been hospitalized? Yes / No

If yes, please briefly describe: _____

Have you ever had an illness that has caused you to be absent from school for a long period of time?

Yes / No

If yes, please briefly describe _____

Please list all documentation you are submitting with this form as verification of disability. ONLY COMPLETED FORMS SUBMITTED WITH DOCUMENTATION WILL BE REVIEWED. PLEASE PROVIDE COPIES OF REPORTS, NOT ORIGINALS.

Student Signature _____

Date _____