Disability Support Services Voluntary Disclosure Form

TO SUBMIT YOUR CONFIDENTIAL INFORMATION, COMPLETE AND MAIL OR FAX THIS FORM DIRECTLY TO:

Disability Support Services
128 ECC Building
Stony Brook University
Stony Brook, NY 11794-2662

Fax: (631) 632-6747

Stony Brook University

STONY BROOK UNIVERSITY DISABILITY SUPPORT SERVICES VOLUNTARY DISCLOSURE FORM

All information and documentation is confidential.

If you are a student with a disability that may impact your coursework, fill out and fax back or mail this form in a separate envelope to the Disability Support Services address stated above. For more information, please visit ***www.stonybrook.edu/dss*** or call (631) 632-6748 (V,TDD)

STUDENT LAST NAME (PLEASE PRINT) FIRST NAME MIDDLE NAME

ADDRESS STREET/APT.# CITY STATE/PROVINCE ZIP CODE COUNTRY (IF NOT U.S.)

HOME PHONE CELL PHONE E-MAIL

STONY BROOK ID NUMBER

SOCIAL SECURITY NUMBER (OPTIONAL)

I am enrolling for: ❑ Fall 20___ ❑ Spring 20___ **as a** (check one) ❑ Freshman ❑ Transfer

Please indicate type of disability