

# HEALTH AND WELLNESS DISCLOSURE FORM

**PLEASE READ:** This form should only be completed if a student is disclosing and hoping for outreach from Stevens wellness staff due to a learning disability, attention deficit disorder, physical or mobility impairment or chronic illness of any nature. Submission of current, detailed documentation of the student's disability with this completed form is required in order to process a formal accommodation request. A member of our staff will reach out to you over the summer, at which time the accommodations process will be explained.

NAME (Please Print)			
Address	City	State	Zip Code
Home Phone	Cell Phone	E-Mail Address	
Parent Home Phone	Parent Cell Phone	Parent E-Mail Address	

**Possible Accommodations Needed (please check all that apply):**

Academic       Housing       Dining       Other

**Reason(s) for Possible Accommodations:**

Attention Deficit Disorder       Health Impairment or Chronic Medical Condition  
 Learning Disability       Psychiatric/Behavioral/Mental Health  
 Blind/Low Vision/Visual Impairment       Deaf/Hearing Impaired  
 Mobility Impairment       Other:

**Please Specify Type & Degree of Impairment and what accommodations are being requested:**

*Example: Processing Speed Disorder. I need extended time on exams.*

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## **CONFIDENTIALITY & RELEASE OF INFORMATION - PERMISSION TO RELEASE INFORMATION**

I give my permission for the release and discussion of information regarding my disability and accommodations between the director of disability services and personnel in tutorial services, student health center, counseling center, registrar, academic dean, academic advisor, dean of student life and faculty for classes in which I am either currently enrolled or classes in which I am registered as warranted appropriate by the director of disability services who will only release information on a "need to know basis" as required by law. I also give permission to speak with the doctor/s treating the condition for which I am requesting accommodations. I understand that the information may only be shared to utilize preparation/provision of reasonable accommodations or auxiliary aids and services for which I am eligible. I may rescind or amend this agreement at any time.

**Student Signature:** \_\_\_\_\_

## **PERMISSION TO RELEASE INFORMATION TO PARENT OR GUARDIAN**

I give permission to release and discuss my academic accommodations and academic progress with my parents.

**Student Signature:** \_\_\_\_\_

Return this form to: Phillip Gehman, Director of Disability Services  
Castle Point on Hudson, Hoboken, NJ 07030 Phone: (201)-216-3748 Email: pgehman@stevens.edu