



# SUNY SULLIVAN

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## Self-Disclosure Form for Disability Services

The **Department of Learning and Student Development Services** at SUNY Sullivan has been designated as the office on campus for assisting students with disabilities. If you plan to request accommodations for a disability please complete and return this form as soon as possible. Information you provide here is strictly voluntary and the provision of services is not dependent on completion of this form. *The information will be shared only with officials responsible for assisting you in meeting your needs.* **The Department of Learning and Student Development Services can take no action on your behalf without your specific request.**

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Name

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Address

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Phone #

E-mail Address

**What is the nature of your disability? Please check all that apply:**

☐ Learning disability

☐ Mobility impairment

☐ ADD/ADHD

☐ Visual impairment

☐ Hearing impairment

☐ Psychological

☐ Other (please describe) \_\_\_\_\_

I verify that this information is accurate: \_\_\_\_\_  
Student Signature Date

Return form w/any supporting documentation (High School Individualized Educational Plan/504) to:

SUNY SULLIVAN  
Department of Learning and Student Development  
Attn: L. Leibowitz-Whitehead  
112 College Road  
Loch Sheldrake, NY 12759

For more information contact: Lynn Leibowitz-Whitehead @ [lleibowitz-whitehead@sunysullivan.edu](mailto:lleibowitz-whitehead@sunysullivan.edu) or call 845.434.5750 X4328