



Providing this information is voluntary. Pennsylvania College of Technology provides appropriate academic accommodations to students with documented disabilities who elect to disclose their special needs.

Name: _____ Student ID Number: _____

If you wish to disclose this information, please check the appropriate box(es).

- Physical Impairment**
(i.e. amputation, cardiovascular disorders, carpal-tunnel syndrome, cerebral palsy, diabetes, epilepsy or other seizure disorders, multiple sclerosis, respiratory disorders, traumatic brain injury, etc.)

- Mental/Cognitive Impairment**
(i.e. specific learning disability, ADD/ADHD, affective disorders, alcohol/drug abuse/dependency, eating disorders, personality disorders, schizophrenic disorders, etc.)

- Hearing Impairment**

- Visual Impairment**

Explanation of disability: _____

Signature: _____ Date: _____
(Parent or guardian must sign if student is not 18 years of age)

Please return completed form to: **Pennsylvania College of Technology
Disability Services DIF 74
One College Avenue
Williamsport, PA 17701-5799**