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 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 NAM	ЛΕ
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 N	UMBER (OPTIONAL)			
I am enrolling for: ☐ Fall 20 ☐ Sp	ring 20 as a (c	heck one) 🖵 Freshma	an 🖵 Transfer		
Please indicate type of disability					