

# Three Rivers Community College Disability Self-Disclosure Form

**CONFIDENTIAL**

If you wish to disclose a disability, please complete and sign this form as soon as possible. You will receive written instructions from your Disability Services Provider. Please deliver or mail this form to:

Three Rivers Community College  
Welcome Center - Disability Services  
574 New London Turnpike  
Norwich, CT 06360

**Check the appropriate box or boxes:**

- Learning Disability
- Attention Deficit Disorder (ADD/ADHD)
- Autism Spectrum Disorder
- Mobility Impairment
- Medical Disability
- Speech Disability
- Hearing Impairment
- Visual Impairment
- Psychological/Psychiatric Disability
- Other (Please specify) \_\_\_\_\_

**Please Note:**  
This form will be kept in a  
confidential file, apart from other  
records.

**Please print and sign:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town, State, Zip: \_\_\_\_\_

Student ID: @ \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_