



2279 Mount Vernon Road
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Self-Disclosure Disability Form

Student Services Office

Providing This Information Is Voluntary. Briarwood College provides appropriate academic accommodations to students with documented disabilities who elect to disclose their special needs.

Name: _____ Social Security # : _____ - _____ - _____

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 this form to:
Director of Student Services, Briarwood College,
2279 Mount Vernon Road, Southington, CT 06489.