

NOEL CENTER FOR DISABILITY RESOURCES VOLUNTARY DISCLOSURE FORM

Full Name of Student Requesting Services _____

Date of Birth (month/date/year) ____/____/____

Mailing Address _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Email _____

Projected Date of Entry to Gardner-Webb University _____

Nature of Your Disability _____

Academic Accommodations Being Requested at Gardner-Webb University _____

Housing accommodations being requested at Gardner-Webb University (Single room requests should include details regarding the necessity of this accommodation. This form does not take the place of the housing application.)

University Housing Fee Exceptions

Based on my disability, I am requesting exception to the University Housing fee structure.

Yes No

Rehabilitation Agency: Are you registered with a rehabilitation agency? Yes No

Name of Agency _____

Name of Counselor _____

The Family Educational Rights and Privacy Act (FERPA) provides for the confidentiality of student records. FERPA provides that this documentation is to be kept confidential unless the student consents to the release or a specific exception is applicable. One of these exceptions is to allow persons within the University with a "legitimate educational interest" to access this information. Therefore, the Noel Center for Disability Resources may discuss portions of your record with University employees who have a "legitimate educational interest." There also may be a time when it is beneficial for the Noel Center to discuss your needs with persons outside the University. Information shared by you will be treated confidentially. There may be times when the Noel Center would like to discuss your needs with other professionals. However, any disclosures will be done only with your written approval with the following exceptions: Information will be released when determined necessary to protect you or someone else from eminent danger, if abuse of a child or elderly adult is suspected, or if served with a court order for specific information. In order to create a profile regarding the release of information from your records, please check the following as they apply to you.

- Except on a need-to-know basis, the Noel Center for Disability Resources is not to disclose information regarding my disability, academic status, or progress at any time without my written consent.
- The Noel Center may discuss academic issues with my faculty.
- The Noel Center may discuss my academic status and progress with my academic advisor.
- The Noel Center may discuss my academic progress with support personnel (e.g., Office of Academic Advising, Registrar, etc.).
- The Noel Center may discuss my academic status and progress with my Rehabilitation Counselor.
- The Noel Center may consult with my evaluating psychologist, physician, or therapist.
- The Noel Center may discuss my academic status and progress with the Office of Financial Planning.
- The Noel Center may discuss my academic status and progress with my coaches and athletic personnel.
- The Noel Center may discuss my academic status with the following parent(s)/guardian(s):

Name/Relationship_____

Name/Relationship_____

Name/Relationship_____

By signing below:

- I am agreeing that the information on this page is correct.
- I understand that I may amend the above information at any time.

Student Name_____ Date_____

Noel Center Representative_____ Date_____

F@QCMDQ-VDAA!TMHUDQRHSX
MNDK!BDMSDQ!ENQ!CHR@AHKHSX!QDRNTQBDR
CURRENT IMPACT STATEMENT

Name _____

Date _____ ID _____

In order to be able to fully understand the impact of your disability/medical condition, in addition to reviewing your documentation we would also like specific information on how the diagnosed condition described is **currently** impacting your functioning and causing you substantial limitations.

Please address **all** three (3) of the following issues in as much detail as possible. In addition to your response, you may also ask others who currently know you, or have observed you, to submit answers to these questions in a separate document.

If writing a response to these is difficult for you, you may choose to record your responses and submit an audio file. Feel free to use the back of this form, type it, or use additional paper.

- 1. Current Impact** - Describe in as much detail as possible how the diagnosed condition is currently impacting and substantially limiting your **ability to learn**.
 - ▶ If there are some classes or situations in which there is no impact, please explain why this is the case.
 - ▶ If you have tried any medical or educational interventions to manage the diagnosed condition, please explain what these were and how and why they have or haven't helped.
- 2. Impact within the past 1-2 years** - Describe in as much detail as possible how the diagnosed condition has or has not impacted and substantially limited your ability **to learn** in the recent past (1-2 years).
 - ▶ If you tried any medical or educational interventions to manage the diagnosed condition during this time period, please explain what these were and how and why they had or had not helped.
- 3. Accommodations/Services** - Describe accommodations or services that you think you will need. Why?
- 4. Sign your name indicating you composed and wrote the response.**

Please return this form to:

Noel Center for Disability Resources
Gardner-Webb University
P.O. Box 7274
Boiling Springs, North Carolina 28017

You may fax to: 704-406-3524.