



Student Disclosure Form

This form must be filled out by the student requesting accommodations.

Please note: Disability Access Services utilizes an interactive approach to consider students' accommodation requests, reviewing information from multiple sources. The information you provide on this form is an essential part of this process, and we encourage you to complete the form as thoroughly as you are able. Once your documentation packet is complete, our comprehensive review can take two to three weeks.

Student Information:

Student Name (first and last): _____

Pronouns: _____

NU Email: _____@northeastern.edu NU ID#: _____

Disability Information:

1. What is your diagnosis or disability?

2. How does your diagnosis or disability impact you in the following settings?

Academic setting:

Residential setting:

3. Why are you requesting DAS services?

4. Were you referred here by someone? If so, please indicate who referred you and why:

5. Are you currently under the care of a professional/specialist (i.e. physician, counselor etc.)? _____

Please write name and specialty: _____

Medications you are currently taking: _____

Accommodation Requests:

What accommodations are you requesting through the DAS at this time? (Attach additional pages as necessary) If you are unsure as to what accommodations you might need, please have a conversation with a specialist about your needs.

Accommodation: _____

Have you used this before? (Check any that apply) No High School College Standardized Testing

Please explain why this accommodation is useful to you and what difficulty or barrier this will address:

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Student Signature: _____

Date: _____