



DONALD AND BARBARA
ZUCKER SCHOOL of MEDICINE
AT HOFSTRA/NORTHWELL

Self-Disclosure Form for the Office of Academic Success

Students who have been admitted to the Zucker School of Medicine at Hofstra Northwell and who wish to receive information about services and accommodations for students with disabilities should complete this form. You must complete this form even if you have already disclosed this information to another office at Hofstra. While you may disclose a disability at any time during your academic career, it would be to your benefit to return this form at the beginning of your Hofstra career.

When we receive this completed self-disclosure form, we will send you guidelines for disability documentation. If you anticipate requesting services such as reasonable accommodations, we must have this on file. Please know that it may take two to six weeks to review Documentation once submitted, for a determination to be made, and if approved, for accommodations to be implemented. **The Office of Academic Success can take no action on your behalf without your specific request.**

Name _____ (First) (Middle) (Last)

Address _____

E-mail _____ Phone number: _____

Entry Term _____ Hofstra ID number: 70- _____

My disability can be categorized as (check as many as apply):

- ADD/ADHD Covid-19 Related
 Hearing Impairment Learning Disability
 Mobility Impairment Psychological
 Visual Impairment Other _____

Signature _____ Date _____

Please return form to:



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