



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 and an Application for Services. If you anticipate requesting services such as reasonable accommodations, we must have these completed forms on file. **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):

- | | | |
|--|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Psychological | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Other _____ | | |

Signature _____ Date _____

Please return form to: Office of Academic Success
500 Hofstra University
School of Medicine, 113
Hempstead, NY 11549
Phone: (516) 463-7460
Email: somacademicsuccess@hofstra.edu