

WENTWORTH INSTITUTE OF TECHNOLOGY
Center for Wellness
Accessibility Services Disclosure Form

Complete this form and return to the Center for Wellness at Wentworth (see address below)

Name _____ Student I.D. Number _____
Date of Birth _____ WIT email address _____ Cell Phone (_____) _____ - _____
Address _____ City _____ State _____ Zip Code _____
Major _____ Expected Semester & Year of Enrollment _____

A. Mental Health Information:

College can be a difficult time, if you would like to disclose a mental health issue (such as anxiety, depression, or substance abuse) please describe below and you will be sent information on campus resources.

B. Disability Information: (Check all that are applicable)

- Learning Disorder:
 - Mathematics related
 - Reading related
 - Written expression related
- Physical:
 - Hearing related
 - Vision related
 - Mobility related
- Psychiatric (including Attention Deficit Hyperactivity Disorder):
 - Specify: _____
- Chronic Medical Condition:
 - Specify: _____

How does your disability impact you academically?

How does your disability impact your everyday life?

*The Center for Wellness will consider your request for accommodations based on the disability described in your documentation and your intake appointment, as well as the requirements of your specific academic program.

I grant Wentworth Institute of Technology permission to use educational and medical records provided by me to the Center for Wellness.

Student Signature

Date

Please note that it is your responsibility to obtain and send documentation of your disability to:

Wentworth Institute of Technology, Center for Wellness, 550 Huntington Ave, Boston, MA 02115
Phone: (617) 989-4390 Fax: (617) 989-4571 counseling@wit.edu www.wit.edu/counseling