



University of Phoenix®

**STUDENT SELF-DISCLOSURE STATEMENT**

University of Phoenix recognizes and accepts its obligations under the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the ADA Amendments Act of 2008, prohibiting discrimination on the basis of disability and requiring the University to provide reasonable accommodations to qualified disabled students in all University programs and activities.

***Students are required to (i) submit the Self-Disclosure Statement; (ii) properly document the disability; and (iii) request accommodations before the student will be eligible to receive reasonable accommodations. Please complete this form and return it to the campus disability services advisor. Attach any additional material(s), as necessary.***

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1. **Please describe the nature of your disability.**
  
2. **Please describe any accommodations you have previously received in an educational environment. What accommodations do you feel would be appropriate at University of Phoenix?**

The Disability Services Office manages determination of reasonable accommodations and compliance with the ADA and Rehabilitation Act for students and is overseen by the Apollo Ethics & Compliance department. No student shall be retaliated against for seeking accommodation under this policy or for participating in any complaint procedures brought against the University for its alleged non-compliance with the policy.

\_\_\_\_\_  
**Student/Applicant Printed Name**

\_\_\_\_\_  
**IRN**

\_\_\_\_\_  
**Student/Applicant Signature**

\_\_\_\_\_  
**Date**

**PLEASE RETURN TO: Campus disability services advisor**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address Cont.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_