

SUNY MORRISVILLE

— EST. 1908 —

Office of Accessibility Services

Telephone: (607)334-5144

SUNY MORRISVILLE DISCLOSURE FORM

I give permission to SUNY Morrisville to obtain and/or receive documentation concerning a learning/physical disability, results of WICS, WRAT, or a similar battery of academic achievement tests including mental health records or documentation from a physician, psychologist or other qualified professional for _____. I understand this information would be used for the sole purpose of determining management needs in the classroom, necessary specialized equipment and adaptive devices, testing modifications, and any other recommendations which will support academic success. I also understand that the release of this information does not have any bearing on the admission process and does not guarantee the provision of all recommended services should admission be granted.

Respectfully,

Student Name

Date

Please Mail this information to: Patricia M. Davis
Student Services Advisor
SUNY Morrisville Norwich Campus
Roger W. Follett Hall – Rm. 133
20 Conkey Avenue
Norwich, New York 13815

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