**University of Strathclyde**

**Student Disability Disclosure Form**

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| --- | --- |
| **Name** |  |
| **Date of birth** |  |
| **Telephone number** |  |
| **Email address** |  |
| **Course** |  |
| **Registration number** |  |
| **Illness/ impairment** |  |

* I give my consent for the information I have provided regarding my disability to be passed on to the Disability Service.
* I do not give my consent for the information I have provided regarding my disability to be passed on to the Disability Service.
* I understand that by not consenting to the information being passed on to the Disability Service, the University of Strathclyde may be unable to make reasonable adjustments as required under the Equality Act 2010.

**Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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