



Voluntary Self-Disclosure Form

Johnson University adheres to the spirit and letter of the Civil Rights Laws, the Americans with Disabilities Act of 1990, and the Vocational Rehabilitation Act of 1973 (Section 504). These laws assure that people with disabilities: 1) may apply for admission to an institution of higher education without disclosing their disability and 2) their disability is NOT considered in the admissions process.

By signing this form, you acknowledge that you provided information regarding your disability voluntarily, not at the request of the University.

Applicant Name (Print) Date of Birth

Applicant Signature Date

Home Address

Johnson Faculty/Staff & Title Date

Disability-related information received date by (mail, email, phone, face to face, etc.)

Accepted by Director of Admissions Date