

# Voluntary Self-Identification of Disability

Full Name

Employee ID

Email Address

**Why are you being asked to complete this form?**

**How do I know if I have a disability?**

Do you have a disability?

- ☐ Yes, I have a disability
- ☐ No, I do not have a disability
- ☐ I do not wish to answer

If you would like to identify your disability, please describe:

Date

Signature