

# College Mental Health Disclosure Form

## Personal Information

Full Name

Student ID

Email Address

Phone Number

Academic Program / Major

## Mental Health Information

Mental Health Condition(s) (if applicable)

Date of Diagnosis (if applicable)

Diagnosed By

Current Symptoms/Concerns

Current Treatment or Support (if any)

## Disclosure & Accommodation

**Reason for Disclosure**

**Requested Accommodations/Support**

**Other Relevant Information**

**Consent**

☐

**I consent to the use of the above information for the purpose of mental health support and accommodations within the college.**