

**BOSTON COLLEGE**  
**SELF-IDENTIFICATION OF DISABLED AND VETERAN STATUS**

As a government contractor, Boston College is subject to compliance with Executive Order 11246 as amended; Section 402 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, (38 U.S.C. 4212); and Section 503 of the Rehabilitation Act of 1973. All require the University to take affirmative action in the employment process. We request your **VOLUNTARY** completion of the following questionnaire to be used **ONLY** for the purpose of monitoring the success of our Affirmative Action Plan. Refusal to provide this information will not subject you to adverse treatment.

NAME \_\_\_\_\_ UNIT/DEPARTMENT \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ CAMPUS ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_

**VETERAN STATUS**

Do you qualify as a Veteran of the Vietnam-era? Yes \_\_\_\_\_ No \_\_\_\_\_

*'Veteran of the Vietnam-era' means a veteran, any part of whose active military, naval, or air service, was during the period August 5, 1964, through May 7, 1975 who—(i) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than a dishonorable discharge, or (ii) was discharged or released from active duty because of a service connected disability.*

Are you considered a disabled veteran by the United States Veterans Administration? Yes \_\_\_\_\_ No \_\_\_\_\_

*'Special Disabled Veteran' means (A) a veteran who is entitled to compensation under laws administered by the Department of Veteran Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 percent or 20 percent in the case of a veteran who has been determined under section 1506 of Title 38, U.S.C. to have a serious employment handicap or (B) a person who was discharged or released from active duty because of a serious service-connected disability.*

**DISABILITY STATUS**

Do you wish to declare yourself as an individual with a disability under the university's affirmative action plan for persons with disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

*An individual with a disability is defined by 41 CFR 60-741.2 as any person who: (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment.*

\_\_\_\_ speech impairment (S)    \_\_\_\_ hearing impairment (H)    \_\_\_\_ visual impairment (V)    \_\_\_\_ multiple disabilities (D)

\_\_\_\_ motor impairment (A)    \_\_\_\_ mental disability (M)    \_\_\_\_ other (O) – describe below:

**DESCRIPTION OF DISABILITY:** \_\_\_\_\_

**APPROPRIATE AND/OR REQUESTED ACCOMMODATION (S):** (NOTE: You may be required to provide medical documentation or undergo a medical examination at the University's expense.) \_\_\_\_\_

\_\_\_\_ I prefer not to disclose this information at this time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return completed form to:**

Office for Institutional Diversity  
More Hall 330B