

DISABILITY SERVICES

Date _____

Legal Name _____ Nickname or Preferred _____

Student ID # _____ Birthdate _____

Home Phone _____ Cell Phone/Other _____

Mailing Address _____
Street _____

City _____ State _____ Zip code _____

Preferred E-mail address _____

What is your major or academic area of interest: _____

How many semesters have you attended at UAS: _____

What other colleges or universities you have attended: _____

Who is your academic advisor at UAS: _____

Do you meet with your advisor regularly: Yes No

Are you currently on academic probation: Yes No

Are you currently on financial aid probation: Yes No

Do you live in student housing: Yes No

Are you currently employed: Yes No

If yes, where and how many hours a week do you work: _____

Are you a client of the Division of Vocational Rehabilitation: Yes No

If yes, list name and phone number of counselor: _____

Are you a United States Military Veteran: Yes No

If yes, are you utilizing Veteran's Services: Yes No

I authorize Disability Services to notify professors and instructors (via a Faculty Notification Letter or other mutually agreed upon communication) regarding my disability if academic adjustments or accommodations are necessary for my participation in classes.

Signature of student _____ Date _____

Information in your DS file is confidential in accordance with state and federal laws.