



Date: _____ A#: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Name: _____ Gender: _____ Preferred Pronouns: _____

Date of birth: _____ UAH email: _____

Number where you can be reached: _____

Dorm/Local Address: _____ City: _____ State: ___ Zip: _____

Permanent Home Address: _____ City: _____ State: ___ Zip: _____

Emergency Contact Information:

Name of contact: _____ Relationship to you: _____

Street Address: _____

Telephone number: _____

Academic Information:

Major: _____ College: _____ Anticipated graduation date: _____

Class Standing: Freshman Sophomore Junior
 Senior Graduate Non-degree seeking

Enrollment Status: Part-time Full-time

Name of High School: _____ Graduation date: _____

Did you receive disability accommodations in high school? Yes No

Names of previous colleges or universities attended: _____

Dates Attended: _____ Degree earned Yes No

List accommodations received: _____

Diagnostic Information (Must provide supporting documentation):

- | | |
|---|--|
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Learning Disability (Ex. Dyslexia, Reading Disorder, etc.) | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Psychological Impairment (Ex. Anxiety, Depression, etc.) | <input type="checkbox"/> Mobility Impairment |
| <input type="checkbox"/> Autism Spectrum Disorder (Including Asperger's Syndrome) | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Chronic /Acute Medical Illness | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Traumatic Brain Injury/ Closed Head Injury | |

Are you currently under the care of a licensed professional? Yes No

If yes, please list: _____

When were you diagnosed? _____ When was your last visit? _____

Definition of flare-up: *a sudden appearance or worsening of the symptoms of a disease or condition*

Details of Disability:

Describe the variability of your condition (amount of change in your condition over a period of time) and possible flare-ups or episodes. _____

How often do you experience flare-ups and how long to they last? _____

Describe how those flare-ups impact your ability to participate in and complete academic work. _____

When was the last time you had a flare-up? _____

Can you work on a computer during a flare-up? _____

Do flare-ups require immediate attention? _____

Check below accommodations that have you found helpful or that are you seeking:

- Extended time on tests
- Reduced distraction environment for tests
- Preferential seating in class
- Use of alternative textbooks
- Use of recording device for lectures in class
- Use of assistive technology
- Other, Please list: _____

We strive to provide reasonable accommodations to students with documented disabilities. Reasonable accommodations do not change the academic integrity of the course. Note that there is no 100% guarantee that your particular requests will be met. The University has a right to refuse an unsupported or unreasonable request. Disability Support Services (DSS) works with students to find equally effective methods of accommodations and may refuse a requested accommodation based on undue hardship as determined by University officials.

Informed Consent

I understand that the staff of DSS at UAH will have access to my disability records and other academic records. I understand that information provided to DSS is considered part of my educational record and is covered under the Federal Family Education Rights and Privacy Act (FERPA). I understand that FERPA permits the disclosure of parts of my record to individuals or offices within UAH who have an educational need to know. Information can and will be released without prior consent to appropriate off campus individuals in the event that I am a harm to myself or others, a part of child or elder abuse, or upon official court order. Appropriate information may be disclosed in the event of a medical emergency.

Understanding Disability Support Services at UAH

UAH is committed to providing reasonable accommodations to qualified students with disabilities. These accommodations are provided to assist students with disabilities in accessing education at UAH. The student is responsible for submitting documentation to verify the presence of a disability to register with DSS. The student is responsible for requesting services each semester that accommodations are desired. Please note that program requirements will not be altered and standards will not be lowered. For students with accommodations regarding testing, the student is responsible for communicating with professors and Testing Services as needed to schedule tests.

I understand and agree to supply the requested documentation in order to verify my disability and receive accommodations at UAH.

The information contained in this form is true and accurate to the best of my knowledge.

Student Signature **Printed Name** **Date**

DSS Staff Signature **Printed Name** **Date**