

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**