



## Disability Services Registration Form

DSU desires to create an accessible community where individuals with disabilities have an equal opportunity to pursue their educational goals, limited only by their abilities, not their disabilities.

Consistent with the Americans with Disabilities Act (ADA) and Section 504 of the Vocational Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and assured services and accommodations that provide equal access to the activities and programs of the university. To establish that an individual is covered under ADA, documentation must indicate that the disability substantially limits a major life activity. Major life activities include, but are not limited to: performing manual tasks, seeing, hearing, walking, standing, lifting, speaking, breathing, learning, and working. In general, the less apparent the disability, the more information is generally required to assess a student's needs and make reasonable accommodation decisions.

### Disability Documentation Requirements:

- Documentation must indicate that the disability substantially limits a major life activity.
- Indicate whether the impact is current and stable or fluctuating (conditions that fluctuate over time may require more recent documentation and ongoing updates of documentation).
- Clearly and specifically demonstrate the need for all of the student's requested accommodations.
- Be provided by a licensed clinical professional familiar with the history and functional limitations of the impairments. The clinical professional should be someone other than a member of the student's family.
- Be submitted on official letterhead of the professional describing the disability or clinical professional may complete the DSU office of Disability Services provided "Request for Documentation" form.
- Be dated, signed, include the name, title, professional credentials of the evaluator, and information about state licensing and/or certification.
- Students with multiple disabilities should identify all diagnosed disabilities. By doing so, the Office of Disability Services is best equipped to make the most appropriate accommodation recommendations.

**DISCLAIMER:** Documentation from a licensed clinical professional must be submitted to the Office of Disability Services in order for disability services professionals to effectively provide students with reasonable and appropriate accommodations. Please note, submitting Third Party Documentation does not guarantee that specific accommodations/recommendations can or will be provided by DSU. No disability is the same, therefore, each case will be considered on an individual basis.

Name: \_\_\_\_\_ EMPL ID: \_\_\_\_\_

Application Date: \_\_\_\_\_ DOB: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

DSU email: \_\_\_\_\_@ndus.edu

Advisor: \_\_\_\_\_ Major: \_\_\_\_\_

Estimated Graduation Date: \_\_\_\_\_

Emergency Contact:

- Name & Relationship: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

Do you have a signed FERPA?                      **YES**                      **NO**

- If yes, who is on the FERPA: \_\_\_\_\_

Are you an athlete at DSU? \_\_\_\_\_

- Are coaches aware of disability/condition? \_\_\_\_\_

Are you now or have you ever served in the military?                      **YES**                      **NO**

Are you currently in Campus Housing? \_\_\_\_\_

- Does HD/RA know of your disability/condition? \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Additional information:

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## History

List any and all conditions/disabilities diagnosed by a Licensed Clinical Professional:

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- How often does your condition/disability occur?

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- How does your condition/disability affect your performance as a student?

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- How does your condition/disability affect work and social life?

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- How does your condition/disability affect your living environment?

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- What accommodations have helped you academically in the past?

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- What accommodations have not helped academically or are not interested in having?

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Describe issues you are having within the classroom, housing, or other campus related activities that may require accommodations:

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The following reasonable accommodations are requested by the student in order to perform essential academic functions as a student at DSU:

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Which of the following do you have difficulty doing?

- |                                                      |                                                                        |
|------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Paying attention in class   | <input type="checkbox"/> Completing assignments                        |
| <input type="checkbox"/> Taking Notes                | <input type="checkbox"/> Memorizing                                    |
| <input type="checkbox"/> Managing Time               | <input type="checkbox"/> Reading                                       |
| <input type="checkbox"/> Understanding what I read   | <input type="checkbox"/> Proofreading                                  |
| <input type="checkbox"/> Spelling                    | <input type="checkbox"/> Finishing exams on time                       |
| <input type="checkbox"/> Putting thoughts into words | <input type="checkbox"/> Being motivated                               |
| <input type="checkbox"/> Following directions        | <input type="checkbox"/> organizing my notes, classes, due dates, etc. |
| <input type="checkbox"/> Attending classes           | <input type="checkbox"/> Asking for help                               |



**Authorization for release of information relating to disability accommodation(s):**

I hereby authorize, \_\_\_\_\_ (physician, psychologist, psychiatrist, educational diagnostician, other) to release any information requested on this form. By signing this form, I understand that once this request for accommodation(s) is processed, I may be required to provide additional documentation, on a case-by-case basis, of changes in my condition. I fully understand that this request for accommodation(s) is based on DSU's need for documentation to support my request for services.

I understand that DSU has no obligation to provide services until appropriate documentation has been received by the appropriate office handling the accommodation function on my campus. I further understand that services may be discontinued should documentation not be received within thirty (30) days of receiving temporary services (unless there are extenuating circumstances). I authorize DSU officials (such as staff providing disability accommodation services, Provost, Assistant Dean of Student Services, General Counsel, Assistant Director of SOAR Center, Student Wellness Coordinator, Title IV/AAO Coordinator, etc.) to: verify, discuss, transmit, or release on a "need to know basis only", the contents of this request form with my physician, psychologist, diagnostician, practitioner, and/or other authorized DSU personnel. This document will be treated as a confidential medical record. I, the undersigned, authorize the staff providing disability accommodation services to contact relevant DSU system disability services staff to share information pertaining to my accommodation(s) for the purpose of coordinating appropriate services and determining any necessary and reasonable academic adjustments.

**I understand that it is my responsibility, as a DSU student, to register each semester with the Disability Services Office to receive accommodations as a student with a disability.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Assistant Dean of Student Services: \_\_\_\_\_

My signature below affirms that I am registering with DSU's Disability Services office as a student with a disability as defined by the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. Initialing below will signify that I understand that despite my disability,

\_\_\_\_\_ I must meet the minimum/technical standards as set forth by my program of study and the classes I take with or without accommodations.

\_\_\_\_\_ I understand that accommodations are determined by the Office of Disability Services. Third party documentation does not guarantee that an accommodation/modification for any campus involvement/activity will be granted if reasonable and appropriate accommodations are being provided by the Disability Services Office.

\_\_\_\_\_ I understand that if I need to make changes to or renew my accommodations letter, it is my responsibility to contact the Office of Disability Services requesting these services.

\_\_\_\_\_ I understand it is my responsibility to schedule all quizzes and exams at least three days in advanced with the Office of Disability Services. Failure to do may result in a zero for the quiz/exam.

\_\_\_\_\_ I understand that DSU and Disability Services has a zero tolerance policy for academic dishonesty. Anyone caught cheating during the proctoring of an assessment will be turned in for academic misconduct, and go through the Code of Conduct violation process.