REGISTRATION AND REQUEST FOR SERVICES

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WCU ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incoming WCU student? \_\_\_ Y \_\_\_\_N Semester Entering WCU:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current WCU Student? \_\_\_Y \_\_\_N Classification: \_\_\_Freshman \_\_\_Sophomore \_\_\_ Junior \_\_\_ Senior

What is your major/goal at WCU?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the nature of your disability? (Check all that apply)

\_\_\_ Blind/Visual Impairment \_\_\_ Learning Disorder

\_\_\_ Deaf/Hearing Impairment \_\_\_Psychiatric/Psychological Disorder

\_\_\_Motor/Mobility Impairment \_\_\_Attention Deficit Disorder

\_\_\_Speech Impairment \_\_\_Brain Injury

\_\_\_Chronic Illness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Temporary Disability:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does this disability impact you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What types of services or accommodations have you received in the past (i.e. in high school or other college)? Please include any equipment or technologies you have used to accommodate your disability.

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What services or accommodations do think you might need while you are at WCU? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you have visual impairment, what is your method of reading?

\_\_\_audiobooks \_\_\_Braille \_\_\_large print/magnification \_\_\_other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have a hearing impairment, how do you compensate?

\_\_\_interpreter/sign language \_\_\_lip reading \_\_\_other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in participating in a coaching/mentor program?

❑ Yes ❑ Not at this time ❑ Tell me more

By signing below, I certify that the information provided on this form is correct. I understand that eligibility for specific accommodations/services is determined on an individual basis and only with supportive documentation.

I authorize the Office of Accessibility Resources to disclose information about my disability and functional limitations to WCU faculty and staff directly involved in providing academic or support services as needed\*.

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

\*All documentation and records provided will be maintained in a confidential manner as outlined in the Family Rights and Privacy Act (FERPA) of 1974. Disability information is shared only on a limited basis within the University and then only when there is compelling reason for the individual seeking the information to have knowledge of a specific aspect of this confidential information. Disability-related records are maintained separately from academic files and are excluded from free access under FERPA.