

Student Registration Form

Name: _____ <small>First Middle Last</small>	
Student ID E#: _____	Date of Birth: _____ <small>MM/DD/YYYY</small>
Preferred Pronouns: <input type="checkbox"/> He, Him, His <input type="checkbox"/> She, Her, Hers <input type="checkbox"/> They, Them, Theirs Other: _____	Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Latino/Latina <input type="checkbox"/> Asian American <input type="checkbox"/> Multi-Ethnic/Racial <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American Other: _____
Cell Phone: _____	Current Classification: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Non-Degree Seeking
ESU Email: _____	
Personal Email: _____	
Program of Study: _____ <input type="checkbox"/> On Campus <input type="checkbox"/> Online	
ESU Advisor: _____	
Are you a veteran? Yes No If yes, what years did you serve: _____	
Operations involved in: _____	
Are you receiving Vocational Rehabilitation Services? Yes No	
Are you receiving any other types of financial support/services due to your disability? Yes No	
If yes, what financial support/services do you receive? _____ _____	
What is your disability? <small>Please be specific as possible.</small> _____ _____	
Have you received accommodations in an educational setting? Yes No <small>High school, community college, university, etc. If yes, please describe accommodations received.</small> _____ _____	
How does your disability impact your access and ability to function as a student in an academic setting? <small>Please be as specific as possible.</small> _____ _____ _____	

What accommodations are you requesting?

Are you requesting any accommodations in Residential Life (on campus housing)?

Yes No

If yes, please describe accommodations you are requesting.

Additional Information/Notes

All students must provide documentation of their disability. Each person and each disability is unique, however, there are general guidelines for documentation that Student Accessibility and Support Services (SASS) utilizes to determine a student's eligibility for service according to:

- Section 504 of the Rehabilitation Act of 1973, as amended; and/or
- the Americans with Disabilities Act Amendment Act (ADAAA) of 2008; and/or
- the Code of Federal Regulations, Title 24 – Housing and Urban Development (24 CFR 891.505 and 891.305).

Disability documentation must be provided by an appropriate professional – physician, therapist, psychologist, etc. General documentation guidelines:

- Specific diagnosis and/or description of the disability;
- Clear statement of the current impact of the disability upon major life activities;
- Clear statement of the impact of the disability in an educational setting; and
- Recommendations for accommodations.

I will provide SASS with documentation of my disability from the appropriate professional.

Initials

Date

Statement of Agreement:

I understand that the staff of Student Accessibility and Support Services (SASS) at Emporia State University will have access to my disability file and access to my academic and other records maintained by ESU. I further understand that in order to meet my accommodations needs, it may be necessary for SASS to contact other university departments and disclose personal information about me. By completing this form, I consent to such disclosure by SASS.

Signed: _____ Date: _____

Printed Name: _____