

SASS Registration Form

Name: _____

First

Middle

Last

Preferred Name: _____

Preferred Pronouns: He/Him She/Her They/Them Other: _____

Date Of Birth (mm/dd/yyyy): _____

Student ID E#: _____ Phone number: _____

ESU Email*: _____

*If you do not yet have an g.emporia.edu email, please use your personal email.

Academic Classification: Freshman Junior Graduate
 Sophomore Senior Non-Degree Seeking

Major/Expected Major: _____

Primary Disability: _____

Secondary Disability/ies: _____

Have you received accommodations in an academic setting before (high school, community college, university, etc)? Yes No

If yes, what accommodations have you received? _____

What accommodations are you requesting at ESU? _____

Are you requesting any accommodations in Residential Life? Yes No

If yes, please list the accommodations you are requesting: _____

Additional Notes: _____

All students must provide SASS with documentation of their disability from an appropriate licensed professional. By signing, you acknowledge that accommodations may not be drafted until SASS receives proper documentation.

Signature: _____ Date: _____

Printed Name: _____

