

Student Disability Services & University Testing
Regis University
Application for Services

Providing This Information is Voluntary: Regis University provides appropriate academic accommodations to students with documented disabilities who elect to disclose their disabilities. If you choose to self-disclose disability information to Student Disability Services & University Testing at Regis University, know that all your information remains confidential within our department. We require your written permission to share with other parties.

Name: _____ Student ID: _____

Phone: _____ Regis Email: _____

Alternate Email: _____

Address: _____

Please check one or more of the following:

___ **Attention Disorders**
(ADD, ADHD)

___ **Brain Injury - Includes Concussion Injury (which may be temporary)**
(i.e. head injury, traumatic brain injury, etc.)

___ **Hard of Hearing/Deaf**

___ **Learning Disability**
(i.e. Dyslexia, Dyscalculia, processing disorders, etc.)

___ **Physical Disability/Systemic Conditions**
(i.e. amputation, cardiovascular disorders, cerebral palsy, diabetes, seizure disorders, multiple sclerosis, or other chronic illness or mobility conditions)

___ **Psychological/Psychiatric Disability**
(i.e. affective disorders, eating disorders, depression, personality disorders, schizophrenic disorders, etc.)

___ **Visual Disability/Blind**

Has a medical or mental health professional diagnosed your disability?

_____ Yes _____ No

If yes, do you have a copy of the documentation from the professional?

_____ Yes _____ No, but I can obtain a copy _____ No

Have you received accommodations for your disability in the past?

_____ Yes _____ No

If yes, what type of accommodations did you receive?

Signature: _____ Date: _____