

**DISABILITY SUPPORT SERVICES
REGISTRATION PACKET**

Dear Student:

This cover letter is to inform you of the policy in place at The George Washington University regarding services for students with disabilities. In order to access any accommodations/services as a student at The George Washington University, you are required to register with Disability Support Services. **Please note, the completion of this form alone does not insure access**, but serves as your statement of disclosure of a disability to request consideration. Keep this cover page for your records before submitting the attached form. It must be accompanied by documentation that fulfills the criteria set forth by the ADA and Section 504 of the Rehabilitation Act, and this institution, in order to complete the process.

Eligibility for specific accommodations/services available is determined based upon the review of that documentation which must substantiate the presence of a disability and assess its current impact on student performance. This information enables DSS staff to work more effectively in the provision of necessary supports. You should note that the records kept in our office are strictly confidential and are not a part of a student's academic record.

You are urged to set up an appointment to review your personal situation. Please visit our web site at www.gwired.gwu.edu/dss for further information.

We look forward to working with you and wish you great success at GW!

Sincerely,

Christy Willis, Director

Susan McMenamain, Associate Director

DSS REGISTRATION FORM

Name: _____ Gwid: _____

Local Address: _____

Local Phone: () _____ E-Mail Address: _____@gwu.edu

Permanent Address: _____

Permanent Phone: () _____

Semester/Year entered GW: _____

Present Status:

- ___ Full-time
- ___ Part-time
- ___ Consortium
- ___ Visiting

Degree Status:

- ___ Freshman
- ___ Sophomore
- ___ Junior
- ___ Senior
- ___ Graduate
- ___ Non-Degree

Affiliation:

- ___ Columbian College of Arts and Sciences
- ___ Elliott School of International Affairs
- ___ Graduate School of Education and Human Development
- ___ Law School
- ___ School of Business
- ___ School of Engineering and Applied Science
- ___ School of Medicine and Health Sciences
- ___ School of Public Health and Health Services

Major Field of Study: _____

Disability Classification:

- | | |
|--|----------------------------|
| ___ Attention Deficit/Hyperactivity Disorder | ___ Learning Disorder |
| ___ Chronic Health Disorder | ___ Physical Disorder |
| ___ Cognitive Disorder | ___ Psychological Disorder |
| ___ Communication Disorder | ___ Temporary Disability |
| ___ Hearing Disorder | ___ Vision Disorder |

When was your disability first diagnosed? _____

Describe the academic implications of your disability: _____

What accommodations are you requesting? _____

Are you a Vocational Rehabilitation client? ___ Yes ___ No If yes, what state? ___

Please list any medications which you are taking and how they may affect your academic work: _____

Please describe any additional concerns you have: _____

Background information:

Sex: ___ Male ___ Female

Date of Birth: _____ Age: _____

Citizen status: ___ US citizen ___ US permanent resident ___ International

What is your race/ethnic background?

- ___ African American, Black
- ___ Native American, American Indian
- ___ Asian American, Pacific Islander
- ___ Hispanic, Chicano, Latino
- ___ Caucasian, White, non-Hispanic
- ___ Other (specify) _____

AUTHORIZATION TO DISCLOSE DISABILITY INFORMATION

I hereby authorize Disability Support Services to disclose information about my disability to GW professors and personnel directly involved in providing academic or support services.

Additional persons authorized to receive above information:

- ___ Parent
- ___ Diagnostician
- ___ Mental Health Professional
- ___ Other _____

Comments: _____

I understand that I have a right to inspect my Disability Support Services file and that this authorization is subject to revocation.

Signature _____ Date: _____

Name: _____ Witness: _____