

DATE RECEIVED:		
<i>57</i> (12) (2021) 25 . —	(for office use)	

STUDENT ACCESSIBILITY SERVICES REGISTRATION

STUDENT INFORMATION

First and Last Name:	UCID number:
Legal Name (if different):	Date of Birth:
Home Phone Number:	U of C email:
Cell Phone Number:	Alternative email:
Can we leave a message at your home number? ☐ Yes ☐ No	Preferred contact method ☐ Email ☐ Phone
ACADEMIC IN	FORMATION
Faculty:	☐ Undergraduate☐ Continued Education☐ Graduate☐ Open Studies
Major / Program: What year of your program are you in? (i.e., 1-5)	Do any of these describe your studies or status? (Check all that apply, leave blank if none apply) □ Distance Education Student □ Visiting Student □ International Student
If you were referred to Accessibility Services, please let us know who sent you:	☐ International Foundations Program (IFP)☐ English Language Program (ELP)
	Please list any other colleges or universities you have previously attended:
Are you using any other U of C supports? (e.g., Counselling, Student Success Centre, Devon Academic Resource Centre)	Have you ever registered with an Accessibility office at another college or university?

DISABILITY / MEDICAL CONDITION

Is documentation of disability available? (e.g., psycho-ed	ducational assessment; doctor letter)
□ No	
□ Yes, and I have provided it to Student Accessibility S	Services
□ Yes, and I will provide it to Student Accessibility Serv	vices by:(day/month/year)
If Applicable, please list any academic accommodations	· · · · ·
If Applicable, please list any adaptive technologies you h	have used (e.g., text-to-speech):
	· -
Please any other supports / services you have found he	Ipful (e.g., Learning Strategist):
OUDDENT CONCED	
CURRENT CONCER	NS
CURRENT CONCER Why are you seeking assistance from Student Accessib	
Why are you seeking assistance from Student Accessib	ility Services?
	ility Services?
Why are you seeking assistance from Student Accessib Please indicate the items/topics you wish to discuss with	ility Services?
Why are you seeking assistance from Student Accessib Please indicate the items/topics you wish to discuss with like):	h an Access Advisor (select as many as you
Why are you seeking assistance from Student Accessib Please indicate the items/topics you wish to discuss with like): □ Disability related funding and financial support	ility Services? n an Access Advisor (select as many as you □ Academic Accommodations
Why are you seeking assistance from Student Accessib Please indicate the items/topics you wish to discuss with like): □ Disability related funding and financial support □ Physical and/or medical accommodations	ility Services? n an Access Advisor (select as many as you □ Academic Accommodations

PLEASE NOTE: This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. [It is re-quired to determine and advise on appropriate accommodation.] If you have any questions about the collection or use of this infor-mation please contact Student Accessibility Services, MSC 452 at (403) 220-8237.