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## 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 INFORMATION			
Faculty:	<ul><li>☐ Undergraduate</li><li>☐ Continued Education</li><li>☐ Graduate</li><li>☐ Open Studies</li></ul>		
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:	<ul><li>☐ International Foundations Program (IFP)</li><li>☐ English Language Program (ELP)</li></ul>		
	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**

s documentation of disability available? (e.g., psycho-educational assessment; doctor letter)		
□ No		
□ Yes, and I have provided it to Student Accessibility Se	rvices	
□ Yes, and I will provide it to Student Accessibility Service	ces by:(day/month/year)	
If Applicable, please list any academic accommodations y	ou have used:	
If Applicable, please list any adaptive technologies you ha	ave used (e.g., text-to-speech):	
Please list any other supports / services you have found h	nelpful (e.g., Learning Strategist):	
CURRENT CONCERNS		
Why are you seeking assistance from Student Accessibili	ty Services?	
Please indicate the items/topics you wish to discuss with a like):	an Access Advisor (select as many as you	
□ Disability related funding and financial support	□ Academic Accommodations	
□ Physical and/or medical accommodations	□ Assistive Technology	
□ Assessment for learning or attention difficulties		
□ Other:		

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.