

## Office of Accessibility Student Registration Form

Name:			
First Midd	e	Last	
Student ID:	☐ On Campus	☐ Undergraduate	
Date of Birth:	Vermillion  Off Campus	Anticipated Graduation Date	
Cell Phone:	Sioux Falls, Rapid City, etc.	☐ Graduate  Anticipated Graduation Date	
	Online	<del></del>	
Home Phone:		☐ NonDegree Seeking	
Email:	Program of Study		
Email:			
Are you a veteran? Yes No If yes, what years did you serve:			
Operations involved in:			
Are you receiving Vocational Rehabilitation Services? Yes No			
If yes, counselor's name:			
Counselor's phone number:			
What is your disability? Please be as specific as possible.			
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Have you received accommodations in an educational setting? Yes No High school, community college, university, etc. If yes, please describe accommodations received.			
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How does your disability impact your ability to function in an academic setting?  Please be as specific as possible.			
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What accommodations are you requesting?	- - -		
Are you requesting any accommodations in University Housing?  Yes No If yes, please describe accommodations you are requesting.	-		
All students must provide documentation of their disability. Each person and each disability is unique, however, there are general guidelines for documentation that the Office of Accessibility utilizes to determine if the student meets the definition of an individual with a disability according to:			
<ul> <li>Section 504 of the Rehabilitation Act of 1973, as amended; and/or</li> <li>the Americans with Disabilities Act Amendment Act (ADAAA) of 2008; and/or</li> <li>the Code of Federal Regulations, Title 24 – Housing and Urban Development (24 CFR 891.505 and 891.305.</li> </ul>			
Disability documentation must be provided by an appropriate professional – physician, therapist, psychologist, etc. General documentation guidelines:  • Specific diagnosis and/or description of the disability;  • Clear statement of the current impact of the disability upon major life activities;  • Clear statement of the impact of the disability in an educational setting; and  • Recommendations for accommodations.			
I will provide the Office of Accessibility with documentation of my disability from the appropriate			
professional			
Statement of Agreement: I understand that staff of the Office of Accessibility at the University of South Dakota (USD) will have access to my disability file and access to my academic and other records maintained by USD. I further understand that in order to meet my accommodations needs, it may be necessary for the Office of Accessibility to contact other university departments and disclose personal information about me. By completing this form, I consent to such disclosure by Office of Accessibility.			
Student Signature Date:			
Printed Name:			