



Name:

\_\_\_\_\_

First

Middle

Last

Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

MM/DD/YYYY

Preferred Pronouns:  He, Him, His  She, Her, Hers  They, Them, Theirs  Other: \_\_\_\_\_

Ethnicity:  African American  Latino/Latina  Asian American  Multi-Ethnic/Racial  Caucasian  Native American

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

OLE Email: \_\_\_\_\_

Current Classification:  Freshman  Sophomore  Junior  Senior  Graduate

Are you a veteran?  Yes  No If yes, what years did you serve: \_\_\_\_\_

Are you receiving Vocational Rehabilitation Services?  Yes  No

Are you receiving any other types of financial support/services due to your disability?  Yes  No

If yes, what financial support/services do you receive? \_\_\_\_\_

\_\_\_\_\_

List your disability(s)?

Please be specific as possible.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you received accommodations in an educational setting?  Yes  No

High school, community college, university, etc. If yes, please describe accommodations received.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your disability impact your access and ability to function as a student in an academic setting?

Please be as specific as possible.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you requesting any accommodations in Residential Life (on campus housing)?  Yes  No

If yes, please describe accommodations you are requesting.

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Additional Information/Notes

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All students must provide documentation of their disability. Each person and each disability is unique, however, there are general guidelines for documentation that Student Accessibility and Support Services (SASS) utilizes to determine a student's eligibility for service according to:

- Section 504 of the Rehabilitation Act of 1973, as amended; and/or
- the Americans with Disabilities Act Amendment Act (ADAAA) of 2008; and/or
- the Code of Federal Regulations, Title 24 – Housing and Urban Development (24 CFR 891.505 and 891.305).

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 SASS with documentation of my disability from the appropriate professional. \_\_\_\_\_  
Initials Date

Statement of Agreement:

I understand that the staff of Student Accessibility and Support Services (SASS) at Augustana University will have access to my disability file and access to my academic and other records maintained by AU. I further understand that in order to meet my accommodations needs, it may be necessary for SASS to contact other university departments and disclose personal information about me. By completing this form, I consent to such disclosure by SASS.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_