



Self-Identification Form

Disability Support Services (DSS) coordinates reasonable accommodations and services for undergraduate and graduate students with documented disabilities in compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the Americans with Disabilities Act Amendments of 2008. Please refer to the DSS website for specific documentation requirements and complete registration instructions.

Student Contact Information:

Name: _____ SHU ID: _____

Email: _____ Alternate Email: _____

Cell Phone: _____ Home Phone: _____

Permanent Address: _____
and Street City, State Zip Code

SHU/Local Address: _____
and Street City, State Zip Code

Date of Birth (MM/DD/YYYY): _____

Class Status: Freshman Sophomore Junior Senior
 Transfer Graduate Law Other _____

Semester/ Year of Entry at SHU: _____ Current Semester/Year: _____

School/College Affiliation: _____ Major: _____

Disability type:

- ADD/ADHD
- Psychological Disability
- Learning Disability
- Mobility/ Physical Disability
- Visual Impairment
- Hearing Impairment
- Medical/Chronic Health Condition
- Neurological Condition
- Other: _____

Please describe the problems you encounter due to disability in an academic setting: _____

Accommodation Information:

1. Have you received accommodations in the past? If so, please list. _____

2. Please list and describe the academic accommodation(s) you are currently requesting. _____

Emergency Preparedness:

- 1. Do you require the use of an elevator? Yes No
- 2. Can you go up/down stairs? Yes No
- 3. Will you require assistance in an emergency evacuation? Yes No

Referral Information:

Please indicate how you learned about DSS?

- Academic Advisor/Dean
- Athletics Department
- Seton Hall University website
- Friend or Family Member
- Counseling & Psychological Services (CAPS)
- New Student Orientation/ Pirate Adventure
- Admissions
- Course Syllabus (ADA Statement)
- Professor
- High School Counselor/Teacher
- Peer Mentor/Resident Advisor
- Other: _____

Are you currently affiliated with any of the following campus programs? (Check all that apply)

- Seton Summer Scholars
- Pathways to Nursing Summer Program
- Educational Opportunity Program
- Other: _____

Are you currently receiving services from any governmental rehabilitation agency (DVR, CBVI, DDHH, etc.)?
 Yes No

If yes, please list the agency and provide your counselor's contact information:

Information shared with DSS will be kept confidential unless you authorize and sign a written release. It is the student's responsibility to voluntarily and confidentially disclose information regarding the nature and extent of their qualifying disability to Disability Support Services. Completion of this form does not guarantee eligibility for disability services.

I understand that my registration with DSS is not complete until I schedule and complete an intake appointment with a DSS Administrator and submit the appropriate documentation. I also understand that I am responsible for understanding and adhering to all policies and procedures as explained on the DSS website.

Student signature: _____

Date: _____