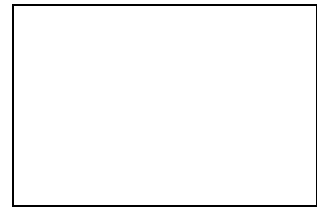


**SERVICES FOR STUDENTS
WITH DISABILITIES**

Student Information Form



Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Home Mobile Work Permission to leave detailed message
Evening Phone _____ Home Mobile Work Permission to leave detailed message

E-mail Address _____

Emergency Contact _____ Emergency Phone _____

Student Identification Number _____ M F

Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Orthopedic condition |
| <input type="checkbox"/> Hard of hearing | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Mobility | _____ <i>Renal disease</i> |
| _____ <i>Limited gait</i> | _____ <i>Diabetes</i> |
| _____ <i>Limited range of motion</i> | _____ <i>Lupus</i> |
| _____ <i>Paraplegic</i> | _____ <i>CFS</i> |
| _____ <i>Quadriplegic</i> | _____ <i>HIV/AIDS</i> |
| _____ <i>Other spinal cord injury</i> | _____ <i>Fibromyalgia</i> |
| _____ <i>Other</i> _____ | _____ <i>Allergy</i> |
| <input type="checkbox"/> Speech or Language Disorder | _____ <i>Other</i> _____ |
| <input type="checkbox"/> Diagnosed Learning Disability | <input type="checkbox"/> Neurological/Nervous System |
| <input type="checkbox"/> ADD/ADHD | _____ <i>Cerebral Palsy</i> |
| <input type="checkbox"/> Blind | _____ <i>Seizures</i> |
| <input type="checkbox"/> Visual Disorder | _____ <i>Multiple Sclerosis</i> |
| <input type="checkbox"/> Chronic/Acute Health | _____ <i>Tourette Syndrome</i> |
| _____ <i>Cancer</i> | _____ <i>Parkinson's</i> |
| _____ <i>Cardiovascular</i> | _____ <i>Peripheral Neuropathies</i> |
| _____ <i>Pulmonary</i> | _____ <i>Muscular Dystrophy</i> |
| _____ <i>Other</i> _____ | _____ <i>Other</i> _____ |
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Psychological/Emotional |
| <input type="checkbox"/> Developmental Disability | _____ <i>Diagnosis</i> _____ |
| | <input type="checkbox"/> Other _____ |
| | (please specify) |