

**Center for Accessibility Resources Registration**

Name \_\_\_\_\_ Student ID: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone # \_\_\_\_\_ Evening Phone# \_\_\_\_\_

E-mail Address \_\_\_\_\_

Former post-secondary experience: \_\_\_\_\_ Vocational Technical \_\_\_\_\_ College

Date entered Metropolitan State \_\_\_\_\_ Major \_\_\_\_\_

What form of transportation do you use? \_\_\_ Metro Mobility \_\_\_ Public Transportation \_\_\_ Drive \_\_\_ Other:

**Accommodations Information & History**

**1. What is the nature of your disability(ies)?** \_\_\_\_\_  
\_\_\_\_\_

**2. Student Self-Report:** Describe how your disability has impacted your educational environment.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Date of onset of disability(ies)?** \_\_\_\_\_

**4. Did you have an IEP in K-12?**  Yes  No  I don't know

**Center for Accessibility Resources Registration (cont'd)**

**5. What kind of accommodation have you had in the past and/or what would be helpful here? Please check any or all that apply.**

- I have never received any accommodations
- Alternative Print Format
  - Audio
  - Braille
  - Enlarged Print (e-text)
- Assistive Technology  
Type: \_\_\_\_\_
- Testing Arrangements
  - Assistive Technology
  - Distraction Reduced/Semi-Private
  - Extended Time
  - Recorded Test
- Other

- Classroom
  - Adjustable Furniture
  - Closed Captioned DVD & Video
  - Computer/Laptop In-class
  - Notetakers
  - Preferential Seating
  - Record Lectures
- Interpreters:
  - ASL
  - 'Tactile'/Low Vision
  - Signed English

**4. Do you use any additional support services? Please check any or all that apply.**

- VRS
- State Service for the Blind
- Veteran's Administration
- Other

What type of services are they providing? \_\_\_\_\_  
\_\_\_\_\_

**5. Do you have any medical concerns or are you taking any medications that might affect your attendance or performance at college?  Yes  No**

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

I have been informed and understand that the information I have provided to the Center for Accessibility Resources in accordance with this registration, which may include health/disability information, related impacts in an academic setting and/or reasonable accommodations, will be used to better understand my accommodation needs, facilitate timely communication with myself, faculty and staff at Metropolitan State University, and provide reasonable accommodations. I accept responsibly for any use that may be made of the information as a result of this release. I understand there is no expiration date for this authorization to release information, and that I may revoke it in writing at any time, except to the extent that this authorization has been relied upon.

\_\_\_\_\_  
(Student signature)

\_\_\_\_\_  
(Date)