



WILMINGTON
UNIVERSITY
Self-Identification Form

Name: _____ Student ID #: _____

Date of Birth: _____

Please check student status. Undergraduate Graduate Transfer Student? Yes No

Major: _____

What will be your primary site of attendance: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Alternative #: _____

Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Main Phone #: _____ Alternative #: _____

Diagnosis & Description of Disability: _____

***Check all Services/Accommodations requested (MUST COMPLETE):**

- | | |
|---|--|
| <input type="checkbox"/> Preferential seating in classes | <input type="checkbox"/> Notetaker |
| <input type="checkbox"/> Tape recording class sessions | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Testing accommodations outside of the classroom | <input type="checkbox"/> Scribe |
| <input type="checkbox"/> Extra time for tests | <input type="checkbox"/> Sign language interpreter |
| <input type="checkbox"/> Extra time for in-class assignments | <input type="checkbox"/> Taking short breaks during classes |
| <input type="checkbox"/> Use of spell checker/dictionary | <input type="checkbox"/> Hand-outs relating to assignment specifics and test preparation |
| <input type="checkbox"/> Use of assistive technology-Please be specific:
_____ | <input type="checkbox"/> Other (use backside for more space):
_____ |

**If you would like to request additional accommodations after initial submission of this form, you must submit another self-identification form.*

Permission of Notification:

I, _____, grant the Office of Disability Services (ODS) permission to notify my instructors at Wilmington University of the special needs recommended in the report(s) documenting my disabilities. Also, I grant the ODS permission to share my file with other departments as needed to ensure academic success. When we deem it necessary, we will contact your instructors to monitor your academic progress.

Signature of Student

Date

Signature of Parent/Guardian (if under 18)

Date

