



## Self-Identification Form

Students registering with the Office of Disability Services should complete this form and sign it.

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: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternative #: \_\_\_\_\_

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

### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Main Phone #: \_\_\_\_\_ Alternative #: \_\_\_\_\_

Diagnosis & Description of Disability: \_\_\_\_\_

Accommodations Requested:

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*\*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