University of Alaska Registration for Accommodations

Complete the information below as part of the collaborative process to ensure access and reasonable accommodations at the University of Alaska. This information may be shared between Disability Services offices at each campus for students enrolled in courses at more than one institution within the University of Alaska System.

Student Information:

Name (please print): ___________________________ UA Student ID: ___________________________
Preferred Name: _______________ Pronoun: _______________ Date of Birth: ___________________
Mailing Address: ___________________________ City/State/Zip: ___________________________
Home Phone: _______________ Cell Phone: _______________ Offices can text me: ☐ Yes ☐ No
Do you live on campus? ☐ Yes ☐ No UA E-mail: ___________________________

Are you a U.S. military veteran? ☐ Yes ☐ No Do you receive VA educational benefits? ☐ Yes ☐ No

Are you working with the Department of Vocational Rehabilitation? ☐ Yes ☐ No

Are you employed? ☐ Yes ☐ No If yes, how many hours a week? ___________________________

Primary University of Alaska Campus Location: ☐ UAA ☐ UAF ☐ UAS Other: ___________________

Major/Minor: ___________________________ Total number of credits this semester: _______

I am seeking a(n): ☐ Certificate ☐ Associate’s ☐ Bachelor’s ☐ Master’s ☐ Doctorate
Or I am: ☐ Non-Degree Seeking ☐ High School Student (Dual Enrolled)

Are you new to the University of Alaska? ☐ Yes ☐ No Anticipated date of graduation:___________

Are you on academic probation? ☐ Yes ☐ No Financial aid probation? ☐ Yes ☐ No

What are your educational and/or work goals? How have you achieved past goals?
_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

I was referred to Disability Services by (if applicable): ___________________________
Disability & Accommodation History:
Disability Services requires documentation of the disability(ies) that meets the following requirements:

1) Verifies a diagnosis;
2) On letterhead or UA Disability Verification Form;
3) Signed by a qualified professional; and
4) Dated within the previous three years.

In cases where documentation provided does not meet these standards, provisional services may be provided while you obtain the required documentation.

Describe your documented disability and the related barriers to your education:
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

In your meeting with us we will be discussing the impact of your disability(ies) on daily life. Please rate yourself in the following areas on a scale of 0-4 (0 = Able, 1 = Somewhat able, 2 = With some difficulty, 3 = Very difficult, 4 = Not able). If you experience something that is not listed, please indicate the task and rate it under “other”:

Communicating _______  Sitting _______  Calculating _______
Hearing _______  Eating _______  Focusing _______
Breathing _______  Interacting with others _______  Memorizing _______
Seeing _______  Reading _______  Processing _______
Walking/Standing _______  Writing _______  Other ________________________
Lifting/Carrying _______  Spelling _______  Other ________________________

What methods, strategies or resources have you used to manage the impacts of your disability?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
How does your disability impact your learning and/or access to your coursework, physically or digitally?

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Learning style (indicate all that apply)  ☐ Visual  ☐ Auditory  ☐ “Hands-On”  ☐ Other:___________________________

Please list the accommodations you are requesting (this can include academic, housing, dining, participation in campus events or other areas to ensure access to campus and your education):

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Although Disability Services independently determines reasonable accommodations for accessibility in your college courses, it is helpful for us to know what academic support services you have received previously. Please list below:

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Your computer/technology/software skills are:  ☐ Basic  ☐ Intermediate  ☐ Advanced

What assistive technologies have you used in the past?

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Is there anything else you would like us to know that may affect your academic performance (i.e. life changing events, health complications, study skills, financial concerns, social concerns, access to campus)?

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________
Agreement to Terms and Conditions for Accommodations

I authorize Disability Services to communicate with faculty regarding my approved accommodations necessary for my participation in classes. I understand my specific disability will not be disclosed without my express written permission.

Please read and initial each statement, and sign below. I understand that:

_____ I will meet the standards set forth by my program of study and the courses I select, and that my accommodations are not intended to alter standards.
_____ I am responsible for following university policies and procedures and the student code of conduct for all UA campuses where I am enrolled.
_____ I understand that I must contact Disability Services every semester to receive my accommodations.
_____ I understand that accommodations are not retroactive except in unusual circumstances.
_____ I will notify Disability Services if I am taking courses at a different UA campus so Faculty Notification Letters can be sent from the appropriate campus.
_____ I will notify Disability Services as soon as possible if I am experiencing unforeseen difficulties related to my disability or if the accommodations in place are not effective.

Student Signature: ____________________________________________ Date: ______________

University of Alaska Disability Services Offices

Please return this form to your local UA Disability Services at:

**UAF Disability Services**
PO Box 755590  
Fairbanks, AK 99775  
Phone. (907) 474-5655  
Fax. (907) 474-5688  
e-mail: uaf-disability-services@alaska.edu

**UAS Disability Services**
11066 Auke Lake Way  
Juneau, AK 99801  
Phone. (907) 796-6000  
Fax. (907) 796-6005  
e-mail: uas.disabilityservices@alaska.edu

**UAA Disability Support Services**
3211 Providence Dr., Room RH-112  
Anchorage, AK 99508  
Phone. (907) 786-4530  
Fax. (907) 786-4531  
e-mail: uaa_dss@alaska.edu

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