



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