



**UNIVERSITY OF
SOUTH DAKOTA**

Disability Services

Student Registration Form

Name: _____
First Middle Last

Student ID: _____

Date of Birth: _____
MM/DD/YYYY

Cell Phone: _____

Home Phone: _____
If applicable.

Email: _____
USD

Email: _____
Personal

On Campus
Vermillion

Off Campus
Sioux Falls, Rapid City, etc.

Online

Undergraduate
Anticipated Graduation Date

Graduate
Anticipated Graduation Date

NonDegree Seeking

Program of Study _____

Are you a veteran? Yes No If yes, what years did you serve: _____

Operations involved in: _____

Are you receiving Vocational Rehabilitation Services? Yes No

If yes, counselor's name: _____

Counselor's phone number: _____

What is your disability?

Please be specific as possible.

Have you received accommodations in an educational setting? Yes No

High school, community college, university, etc. If yes, please describe accommodations received.

How does your disability impact your ability to function in an academic setting?

Please be as specific as possible.

What accommodations are you requesting?

Are you requesting any accommodations in University Housing?

Yes

No

If yes, please describe accommodations you are requesting.

All students must provide documentation of their disability. Each person and each disability is unique, however, there are general guidelines for documentation that Disability Services utilizes to determine if the student meets the definition of an individual with a disability according to:

- Section 504 of the Rehabilitation Act of 1973, as amended; and/or
- the Americans with Disabilities Act Amendment Act (ADAAA) of 2008; and/or
- the Code of Federal Regulations, Title 24 – Housing and Urban Development (24 CFR 891.505 and 891.305).

Disability documentation must be provided by an appropriate professional – physician, therapist, psychologist, etc. General documentation guidelines:

- Specific diagnosis and/or description of the disability;
- Clear statement of the current impact of the disability upon major life activities;
- Clear statement of the impact of the disability in an educational setting; and
- Recommendations for accommodations.

I will provide Disability Services with documentation of my disability from the appropriate professional.

_____ Initials

_____ Date

Statement of Agreement:

I understand that the staff of Disability Services at the University of South Dakota (USD) will have access to my disability file and access to my academic and other records maintained by USD. I further understand that in order to meet my accommodations needs, it may be necessary for Disability Services to contact other university departments and disclose personal information about me. By completing this form, I consent to such disclosure by Disability Services.

Signed: _____ Date: _____

Printed Name: _____