

Office Use Only
____ Utilized walk-in hours
____ Initials of DSP seen
____ Initials of DSP assigned to

STUDENT INFORMATION FORM

Welcome to the Center for Students with Disabilities! Please take a few minutes to complete this form so that we may better assist you. This information will aid us in determining reasonable and appropriate accommodations and services.

NAME _____ PEOPLESOFT ID# _____ DATE _____

CELL PHONE # (____) _____ PREFERRED E-MAIL _____

CAMPUS YOU ARE ATTENDING _____ REFERRED BY _____
(e.g., Storrs, Stamford, etc.)

DID YOU TRANSFER FROM A UCONN REGIONAL CAMPUS? NO YES _____
(e.g., Avery Point, Hartford)

ARE YOU A MILITARY VETERAN? NO YES DO YOU LIVE ON/OFF CAMPUS? ON CAMPUS OFF CAMPUS

OFF CAMPUS ADDRESS _____
Street Town/City Zip Code

REASON(S) FOR CONTACTING THE CSD _____

Optional: Parent/family member contact info:

Name	Relationship	Phone (____)	E-mail

PLEASE CHECK THE CATEGORY THAT BEST DESCRIBES YOUR CONDITION (Check all that apply and provide a brief description):

- ADHD (e.g., combined type, inattentive type, hyperactive/impulsive type) _____
- Autism Spectrum (e.g., Asperger's, PDD) _____
- Chronic Health (e.g., diabetes, Crohn's disease) _____
- Deaf or Hard of Hearing (e.g., sensorineural, conductive) _____
- Learning/Cognitive (e.g., dyslexia, processing speed) _____
- Neurological (e.g., migraines, epilepsy, paraplegia, TBI) _____
- Physical (e.g., arthritis, amputee, spina bifida) _____
- Psychological (e.g., depression, anxiety disorder) _____
- Visual (e.g., legally blind, glaucoma) _____



INFORMATION REGARDING CONFIDENTIALITY, MAINTENANCE OF RECORDS AND RESEARCH

Confidentiality and Maintenance of Records

- The Center for Students with Disabilities (CSD) is the University agent charged with the responsibility for collecting and maintaining disability documentation.
- Documentation provided to the CSD is confidential and only shared with others with the expressed written permission of the student.
- Information will only be shared within the institutional community if there is a compelling reason, such as a threat to an individual's safety and/or an emergency situation.
- Consent of the student will be requested prior to releasing medical/psychological documentation to a third party. Confidentiality is not maintained in the case of child abuse, suicidal or homicidal intent.
- All documents submitted to the CSD are maintained in a confidential paper file. The Center also utilizes an electronic database for caseload management purposes. This system is hosted on a secure server and is developed using industry best practices. Access to paper and electronic information is limited to authorized CSD personnel only.
- Once a student no longer has contact with the CSD (e.g., graduates from UConn), paper files are securely stored and then shredded in accordance with the State of Connecticut's Records Retention and Disposition schedule.
- CSD's complete policy regarding confidentiality and maintenance of student records is detailed at: http://csd.uconn.edu/policy_regarding_confidentiality.html.

Authorization for Information Release

I give permission for the CSD to release and/or obtain information related to my condition from the following:

- | | | |
|--|--|--|
| • Treating physician, psychiatrist, therapist, counselor, etc. | <input type="checkbox"/> Authorize* | <input type="checkbox"/> Do not Authorize |
| • Parents, guardians and/or designated family member(s) | <input type="checkbox"/> Authorize* | <input type="checkbox"/> Do not Authorize |

***If any exceptions apply to these authorizations, please indicate here:**

I understand that these authorizations may be withdrawn by me at any time through a written, signed and dated request or in conference with a CSD professional staff member. By signing this release, I acknowledge that information regarding my rights and responsibilities as a student with a disability at the University of Connecticut is available at www.csd.uconn.edu.

Print Name

Signature

Date

INFORMATION REGARDING CONFIDENTIALITY, MAINTENANCE OF RECORDS AND RESEARCH (continued)

Research

The Center for Students with Disabilities (CSD) is responsible for maintaining appropriate confidentiality of records and communication concerning students with disabilities except where disclosure is required by law or authorized by a student. The CSD will not share student information, including names, email addresses, and/or other personal information with researchers or other third parties wishing to conduct research studies. In the case where a research study, approved by the University of Connecticut's Institutional Review Board (IRB), seeks students with disabilities as participants, CSD will disseminate information regarding details about the research study directly to students that are potential participants. Personal information including computer IP addresses cannot be collected as part of any study unless authorized by participating students. Participation in research studies is voluntary, and students must be allowed to withdraw from a study at any time. Please see the IRB's website for detailed policies and procedures regarding research at: <http://irb.uconn.edu>.

On occasion, the CSD will survey students that use the Center's services. The information gathered through these surveys is used for the improvement of programs and services offered by the CSD. The CSD does not collect any personal information from students as part of the survey process. Please contact Jennifer Lucia at (860) 486-2020 or jennifer.lucia@uconn.edu with any questions.

Authorization for Information Regarding Research Studies

I give permission for the CSD to provide me with information regarding research studies. **Authorize** **Do not Authorize**

I understand that this authorization may be withdrawn by me at any time through a written, signed and dated request or in conference with a CSD professional staff member. Additionally, I understand that my participation in any research study is voluntary and I may withdraw from a study at any time. By signing this release, I acknowledge that information regarding my rights and responsibilities as a student with a disability at the University of Connecticut is available at www.csd.uconn.edu.

Print Name

Signature

Date

Center for Students with Disabilities
University of Connecticut
Wilbur Cross Building, Room 204
233 Glenbrook Road, Unit 4174
Storrs, CT 06269-4174



Phone: (860) 486-2020
Fax: (860) 486-4412
www.csd.uconn.edu