



**CENTER FOR STUDENTS  
WITH DISABILITIES**

**Chosen First Name** \_\_\_\_\_ **Legal First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Chosen Pronouns** \_\_\_\_\_ **NetID** \_\_\_\_\_ **PeopleSoft ID#** \_\_\_\_\_  
(He/Him/His; She/Her/Hers; They/Them/Theirs) (ex: abc11001) (3 letters 4 numbers) (ex: 1234567) (7 numbers)

**Email** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
(Please use UConn email address)

**Do you live on or off campus?**

ON CAMPUS  OFF CAMPUS

\_\_\_\_\_  
Residence Hall/Apartment Street  
\_\_\_\_\_  
Town/City Zip Code

**What is your home campus?** \_\_\_\_\_ (ex: Storrs)  
(Where the majority of your classes are located)

**Optional: You may provide contact information for a parent or other family member:**

**Parent/Family Member Name** \_\_\_\_\_ **Relationship to you** \_\_\_\_\_

**Parent/Family Member Phone** \_\_\_\_\_ **Parent/Family Member Email** \_\_\_\_\_

**Who referred you to the Center?** \_\_\_\_\_

**Are you a client of the Bureau of Rehabilitation Services (BRS) in your home state?**  NO  YES

If yes, BRS Location and Counselor's Name: \_\_\_\_\_

**Are you a part of any groups on campus (ex: Greek Life, Marching Band, Honor's Program, etc.)?**  NO  YES

If yes, please indicate specific group(s): \_\_\_\_\_

**Are you a Military Veteran?**  NO  YES

**Are you a student-athlete?**  NO  YES If Yes, what sport? \_\_\_\_\_

What are your reasons for contacting the CSD? \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**Please choose the categories that best describe your condition (choose all that apply and indicate specific diagnosis):**

ADHD (ex: combined type, inattentive type, hyperactive/impulsive type) \_\_\_\_\_

Autism Spectrum Disorder (ex: Asperger's, PDD) \_\_\_\_\_

Chronic Health/Medical Condition (ex: diabetes, Crohn's disease, asthma, allergies) \_\_\_\_\_

Deaf or Hard of Hearing (ex: sensorineural, conductive) \_\_\_\_\_

Learning/Cognitive (ex: dyslexia, processing speed, math disorder) \_\_\_\_\_

Neurological (ex: migraines, epilepsy, paraplegia, TBI, concussion) \_\_\_\_\_

Physical (ex: arthritis, amputee, spina bifida, temporary injury) \_\_\_\_\_

Psychological (ex: depression, anxiety disorder) \_\_\_\_\_

Visual (ex: legally blind, glaucoma) \_\_\_\_\_

### Academic Accommodations

**Did you receive any academic accommodations or assistance in high school?**  NO  YES

Example: 504 Plan, Individualized Education Plan (IEP), Summary of Performance, etc.

If yes, what accommodations did you receive? \_\_\_\_\_

\_\_\_\_\_

**Are you requesting academic accommodations?**  NO  YES

If yes, what specific academic accommodations are you requesting and why? Or please describe your concerns or difficulties related to your academics:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you use Auxiliary Aides?**  NO  YES If yes, what do you use? \_\_\_\_\_

Example: FM System, Hearing Aids, Wheelchair, Walker

## Housing Accommodations

Are you requesting housing accommodations?  NO  YES

If yes, what specific housing accommodations are you requesting and why? Or please describe your concerns or difficulties related to your housing:

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## Meal Plan Accommodations

Are you requesting meal plan/dining accommodations?  NO  YES

If yes, what specific meal plan/dining accommodations are you requesting and why? Or please describe your concerns or difficulties related to the meal plan/dining halls:

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## Campus Access Accommodations

Are you requesting campus access accommodations (parking and/or transportation)?  NO  YES

If yes, what specific campus access accommodations are you requesting and why? Or please describe your concerns or difficulties related to parking/transportation:

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What treatments and/or medication(s) are you receiving (include medication names and dosages):

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## Evidence of Disability

While you are the primary source of information regarding your disability, CSD may request information from other sources to establish disability and the impact it has on living and/or learning in a postsecondary environment. This may include documentation, which should provide information on the current impact/limitations of your condition in the postsecondary environment. Documentation may include: assessments; reports; letters from qualified evaluators, professionals or institutions; high school documentation (IEP, 504 Plan, Summary of Performance), etc.

Detailed Documentation Guidelines are available on the CSD website at <https://csd.uconn.edu/accommodations/evidence-of-disability/disability-specific-guidelines/>. Please attach any relevant documentation regarding your condition(s). You may also upload documentation to your MyAccess account at any time during your program at UConn.

## Release Authorizations

The Center for Students with Disabilities (CSD) engages in an interactive and collaborative process with students to determine eligibility for reasonable accommodations. Part of this process includes the submission and review of documentation related to the reported condition(s). At times, additional information may be requested from treatment providers, parents and/or family members. Documentation provided to the CSD is confidential and only shared with others (e.g., Dean of Students, Student health Services, etc.) with the expressed written permission of the student (which may include email), or if there is a compelling reason, such as a threat to an individual's safety and/or an emergency. Additional information regarding confidentiality and maintenance of records is available below.

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

**1. Parents, guardians, or designated family members**

AUTHORIZE     DO NOT AUTHORIZE

Explain any exceptions to parents, guardians, or designated family members here:

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**2. Treatment provider, physician, psychiatrist, therapist, etc.**

AUTHORIZE     DO NOT AUTHORIZE

Explain any exceptions to parents, guardians, or designated family members here:

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I understand that any authorizations I make here may be withdrawn by me at any time through a written, signed and dated request (which may be done via email) or in conference with a CSD professional staff member.

I UNDERSTAND

## Research Opportunities

On occasion, the CSD receives requests from 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. The CSD will not share personal student information including names, e-mail addresses and/or other personal information with any researchers or third parties. The CSD may also 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. For additional information regarding policies and procedures related to research, please visit [www.irb.uconn.edu](http://www.irb.uconn.edu) or [www.csd.uconn.edu](http://www.csd.uconn.edu). Students may also contact Jennifer Lucia, Senior Associate Director, Center for Students with Disabilities, at (860) 486-2020 or [jennifer.lucia@uconn.edu](mailto:jennifer.lucia@uconn.edu) with any questions.

Please indicate your permission for the CSD to provide you with information regarding research studies:

AUTHORIZE     DO NOT AUTHORIZE

Explain any exceptions to research participation here: \_\_\_\_\_

## Confidentiality and Maintenance of Records

The Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, is a federal law that affords students certain rights regarding their education records. Education records are broadly defined as those records, files, documents, and other materials that contain information directly related to a student and are maintained by the University. For the purposes of FERPA, the University considers all students to be independent. Therefore, except as provided below, information from a student's education records will not be provided to parents without the written consent of the student. For additional information regarding FERPA, please refer to <http://ferpa.uconn.edu/>.

Please note the following:

- The Center for Students with Disabilities (CSD) is the University agent charged with the responsibility for collecting and maintaining documentation related to students' requests for accommodations.
- Documentation provided to the CSD is deemed private and will generally be shared with others only with the express written permission of the student. The University reserves the right to share such information without consent as deemed appropriate by the University, such as where there is a threat to an individual's safety and/or emergency, or as otherwise required by law.
- All documents submitted to the CSD are maintained in a private, electronic case management system, known as MyAccess, including information about student demographics, academic programs, documentation of the condition(s), accommodations, and student contacts with the CSD.
- MyAccess is hosted on a secure server and does not share information with other databases throughout the University (e.g., PeopleSoft database, Dean of Students' Office database, etc.).
- Any documents provided to the CSD in paper form are scanned, uploaded to MyAccess, and then shredded immediately.
- Access to MyAccess is limited to authorized CSD personnel only.

Please check one:       I understand the confidentiality and maintenance of records statement.  
                                  I do not understand the confidentiality and maintenance of records statement and wish to discuss it further with a CSD staff member.

**Please return this form to the CSD by any of the following:**

Mail to:            University of Connecticut  
                         Center for Students with Disabilities  
                         Wilbur Cross Building, Room 204  
                         233 Glenbrook Rd., Unit 4174  
                         Storrs, CT 06269-4174

Email to:         [myaccess-csd@uconn.edu](mailto:myaccess-csd@uconn.edu)

Fax to:            (860) 486-4412