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

Center for Students with Disabilities

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 _____

_____

_____

_____

_____

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, asthma, allergies) _____

☐ Deaf or Hard of Hearing (e.g., sensorineural, conductive) _____

☐ Learning/Cognitive (e.g., dyslexia, processing speed) _____

☐ Neurological (e.g., migraines, epilepsy, paraplegia, TBI, concussions) _____

☐ Physical (e.g., arthritis, amputee, spina bifida, temporary injury) _____

☐ Psychological (e.g., depression, anxiety disorder) _____

☐ Visual (e.g., legally blind, glaucoma) _____

UCONN | UNIVERSITY OF CONNECTICUT
CENTER FOR STUDENTS WITH DISABILITIES

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

OVER→

Center for Students with Disabilities

CONFIDENTIALITY, RELEASE OF INFORMATION, AND RESEARCH FORM

The Center for Students with Disabilities (CSD) engages in an interactive and collaborative process with students in order 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 e-mail), or if there is a compelling reason, such as a threat to an individual's safety and/or emergency situation. For specific information regarding the Center's Policy Regarding Confidentiality and Maintenance of Records, please visit the CSD website at www.csd.uconn.edu. Information regarding your rights and responsibilities as a student with a disability is also available at www.csd.uconn.edu.

Please indicate your permission for the CSD to release and/or obtain information related to your condition(s) from the following:

1. Treating physician, psychiatrist, therapist, counselor, etc. ☐ **Authorize*** ☐ **Do not Authorize**
2. Parents, guardians and/or designated family member(s) ☐ **Authorize*** ☐ **Do not Authorize**

Optional: Parent/family member contact information:

_____ ( ) _____

Name Relationship Phone E-mail

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

_____

_____

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 or www.csd.uconn.edu. Students may also contact Jennifer Lucia, Associate Director, Center for Students with Disabilities, at (860) 486-2020 or 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**

I understand that these authorizations may be withdrawn by me at any time through a written, signed and dated request, via e-mail to the CSD, 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**