



ACCESSIBILITY SERVICES CENTER

UNO Office
HK 104

UNMC Office
SLC 2031

402-554-2872 phone | 402-554-6015 fax
unoaccessibility@unomaha.edu

SELF-IDENTIFICATION FORM

Please contact ASC if you need assistance in completing this form.

DEMOGRAPHIC INFORMATION

NU ID: _____

Today's Date: _____

Legal First Name: _____

Legal Last Name: _____

Preferred Name: _____

Pronouns: _____

(They/Them, She/Her, He/Him, Xe/Xir, Other)

Student Email: _____

Date of Birth: _____

(@unomaha.edu or @unmc.edu)

Primary Phone: _____

Alternate Phone: _____

Is it safe to leave you a voice mail at this number?

Is it safe to leave you a voice mail at this number?

No Yes

No Yes

INSTITUTION

UNO Major/Program: _____

UNMC College/Program/Campus: _____

Transferring from another institution? No Yes Name: _____

Who referred you to ASC? _____

DISABILITY INFORMATION

Check all that apply:

Physical Disability, Psychological Disability, Sensory Disability, Learning Disability

Temporary Disability - Until this date: _____

Medical Supervision - Start Date: _____ End Date: _____

Housing Accommodation Request

1. Please list and describe any disability impairment type(s) affecting you.

2. How does the disability impairment type interfere with your classes and activities?

3. Please list any adjustments or accommodations you believe would provide equal access to your UNO/UNMC classes, programs, and activities.

OUTREACH

The ASC offers support to students through periodic outreach, which might include event notifications, job postings, scholarship announcements, or wellness and self-care reminders. Receipt of this information is purely voluntary.

Is it OK if we send you occasional outreach emails? No Yes

NOTICE OF EMAIL COMMUNICATION

In order to provide disability-related accommodations, your UNO instructors or your UNMC program directors will receive an official notification email from the Accessibility Services Center. The notification will indicate your name, NU ID, and your accommodation plan. The notification email will not disclose any information about your disability or impairment.

I certify that the information I have provided is true and correct to the best of my knowledge.

Signature: _____ Date: _____