

**Office:** SLC 2031  
**Phone:** 402-559-7276  
**Fax:** 402-559-9671  
**Email:** [unmcasc@unmc.edu](mailto:unmcasc@unmc.edu)

## SELF-IDENTIFICATION FORM

Please contact the Accessibility Services Center 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: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
*Is it safe to leave you a voice mail at this number?*

Yes

No

Yes

No

### INSTITUTIONAL INFORMATION

Current Status:      Undergraduate Student      Graduate/Professional Student

College/Program: \_\_\_\_\_

Transferring from another institution?      Yes      No

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 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?                      Yes                      No

## NOTICE OF EMAIL COMMUNICATION

In order to provide disability-related accommodations, your instructors and/or 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: \_\_\_\_\_