



Disability Services  
4400 University Drive, MS 5C9, Fairfax, Virginia  
22030 Student Union Building I (SUB I), Suite  
2500 Phone: 703-993-2474 | Fax: 703-993-4306  
Email: [ods@gmu.edu](mailto:ods@gmu.edu) | Website: <http://ds.gmu.edu>

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## Student Self-Identification Form

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### Personal Information

Name:	G#:
Chosen Name (Optional):	Permanent Address:
Preferred Pronouns (Optional):	City:
Local Address:	State:
City:	Zip:
State:	GMU Email:
Zip:	Alternate Email:
Phone Number:	
Alternate Number:	Transfer student? (From:)
Are you a/an:      Veteran?      International student?	NOVA Advance Student?

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### Emergency Contact

Name:	Relationship:
Phone Number:	Alternate Phone:

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### Academic Information

Freshman    Sophomore    Junior    Senior    Master's    Doctoral    Law    Professional    Other

Date of Enrollment:  
Degree/Program:  
Anticipated Date of Graduation:

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### Disability Information

Indicate/identify your disabilities/conditions for which you are seeking accommodations.

**Disability Information (continued)**

Please describe your disability/condition and how it impacts you as a student; include information related to academics, housing, meal plans, etc.

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**Accommodations**

What accommodations and/or assistive technology have you previously used?

Please list the accommodations and services you are requesting.

*Use additional sheets if necessary.*

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**How did you learn about Disability Services?**

Website	Physician	Instructor
Classmate	High School/College	Other:
Parent	Rehabilitation Agency	

Student Signature:

Date: