
Student Self-Identification Form

Personal Information

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

Emergency Contact

Name: Relationship: _____
Phone Number: Alternate Phone: _____

Academic Information

Freshman Sophomore Junior Senior Master's Doctoral Law Professional Other

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

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.

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.

How did you learn about Disability Services?

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

Student Signature:

Date: