



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:)	Continuing and
Are you a/an: Veteran? International student?	NOVA Advance Student?	Professional Education?

Emergency Contact

Name:	Relationship:
Phone Number:	Alternate Phone:

Academic Information

Freshman Sophomore Junior Senior Master's Doctoral Law Professional Continuing Education

Date of Enrollment:
 Degree/Academic Program:
 Anticipated Date of Graduation or Completion:

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: