University Life
DISABILITY SERVICES
George Mason University

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 | Website: http://ds.gmu.edu

# Student Self-Identification Form

## Personal Information

Name:
Chosen Name (Optional):
Pronouns (Optional):
Permanent Address:
Permanent City:
Permanent State:
Permanent Zip:
Permanent Country:
Phone Number:
Alternate Number:

G#:
Campus/Local Address:
Campus/Local City:
Campus/Local State:
Campus/Local Zip Code:
Campus/Local Country:
GMU Email:
Alternate Email:

Are you a/an: Veteran? ☐ International student? ☐ Transfer student? (From:) ☐ NOVA Advance Student? ☐ Continuing and 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 | |

## Consent to Release Acknowledgement

I understand that Disability Services at George Mason University will have access to my disability-related and academic records. I understand that Disability Services may share information with appropriate University faculty, staff, or departments on a need-to-know basis when necessary to coordinate referrals or determine and implement accommodations. My records will be kept confidential in accordance with the Family Educational Rights and Privacy Act (FERPA).

Student Signature: Date: