

APPLICATION FOR SERVICES

California State University, Fresno
Services for Students with Disabilities
Henry Madden Library, Suite 1202
5200 N. Barton Ave., M/S ML 125 Fresno, CA 93740-8014
PHONE: (559) 278-2811 FAX: (559) 278-4214 VP: (559) 478-2861
www.csufresno.edu/ssd

Date: _____ Semester: _____

Name: _____
Last First MI

Address (Local): _____
Street/Apt# City Zip

Email: _____

Phone: (____) ____ - ____ Other: (____) ____ - ____ (Please \checkmark which is best to reach you)

Student ID: _____ SS# : _____ - _____ - _____ Birth Date: ____/____/____
(Only if no student ID available)

Have you been admitted to the University? Yes No Are you a transfer student? Yes No

Class Standing: (Circle One) Fr. Soph. Jr. Sr. Grad. Major _____ GPA _____

Did you receive Services in high school (i.e., 504 plan or IEP) Yes No

Career/Vocational Goal: _____

At your prior college, were you using services for students with disabilities on campus? Yes No
If you answered yes, please list accommodations/services received at the college: _____

Are you Academically Disqualified or on Probation? Yes No If yes, indicate which: _____

What is your disability/disabilities? _____

How does the disability affect the following academic activities?

Reading Speed	<input type="checkbox"/>	Reading Comprehension	<input type="checkbox"/>	Spelling	<input type="checkbox"/>
Writing Papers	<input type="checkbox"/>	Math	<input type="checkbox"/>	Taking Notes	<input type="checkbox"/>
Memory	<input type="checkbox"/>	Attention/Concentration	<input type="checkbox"/>	Study Skills	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	Organization	<input type="checkbox"/>	Test Taking	<input type="checkbox"/>

Are you a client of the Department of Rehabilitation (DOR)? Yes No

If "yes" please give the name of the counselor: _____ and the city _____

I authorize my DMS to speak with my DOR counselor _____
Initial Date

Please fill out the reverse side. →

As a student, please describe what steps you are taking to manage your disability? Please specify.
(medication, educational tutoring, etc.)

Please list accommodations/services that may be helpful with your academic experience: _____

Please specify the physician or agency verifying your disability:

Physician Name or Agency Name

Phone

Fax

INFORMED RELEASE and CONFIDENTIALITY POLICY

Your right to privacy and confidentiality is a high priority at Services for Students with Disabilities (SSD). Our policy on disclosure of information conforms to the University's policies and state and federal law.

Except as noted below, no information regarding a student's disability or use of services will be released to parties outside of SSD without prior written consent:

- Information may be shared in the course of consultation with or referral to other appropriate professionals within Fresno State, when in the best interest of the students.
- NO record of disability appears on any academic transcript or permanent document maintained by the Office of the Registrar. However, for the purpose of providing priority registration and other academic services which benefit the student, I.D. numbers of those eligible are provided to the Office for the Registrar. Also, for legally mandated statistics and audits, I.D. numbers may be provided to the CSU Chancellor's Office.
- Specific information requested may be released when required by court order.
- In extreme situations where immediate harm to self or other may result, the law may require that essential information be reported to appropriate parties.

When it is necessary to communicate information to parties other than those noted above, the student will provide written authorization by completing a "FERPA" form. Specific information to be obtained or communicated will be identified.

If you have questions or concerns regarding your privacy or the limit of confidentiality, we encourage you to discuss these with your SSD Disability management Specialist.

I have read and understand the confidentiality policy as stated above.

Student Signature: _____

Date: _____

Staff Signature: _____

Date _____

Do you want assistance with Voter Registration: Yes No If yes, please schedule an appointment.