Self-Identification Form

Students registering with the Office of Disability Services should complete this form and sign it.

| Name:BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB | ВВВВВВВВВВ | BmBen HD #:BBB |
|---|----------------|--------------------------|
| Date of Birth: | | |
| Please check student status. Undergraduate | Graduate | Transfer Student? Yes No |
| Major: | | _ |
| What will be your primary site of attendance: | | |
| Home Mailing Address: | | |
| City: | State | ::Zip: |
| Home Phone #: | Alternative #: | |
| Email: | | |
| Emergency Contact Information: | | |
| Name: | Relationship: | |
| Main Phone #: | Alternative #: | |
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, grant the Office of Disability Services (ODS) permission to notify my instructors at Wilmington University of the special needs recommended in the report(s) documenting my disabilities. Also, I grant the ODS permission that Simulative Management and a compared to the report (S) and the ODS permission that Simulative Management (S) and the ODS permission to notify my instructors at Wilmington University of the special needs recommended in the report(s) documenting my disabilities. Also, I grant the ODS permission to notify my instructors at Wilmington University of the special needs recommended in the report(s)