



DISABILITY RESOURCES
REQUEST TO SELF-IDENTIFY

NAME (Last, First, I): _____

PREVIOUS NAMES: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ - _____ - _____ E-MAIL: _____

EVENING PHONE: _____ - _____ - _____ NAU E-MAIL: _____@NAU.EDU

DATE OF BIRTH: ____/____/____ NAU ID# _____

Type of Disability:

_____ Learning Disability / AD/HD

_____ Hard of Hearing

_____ Physical Impairment

_____ Deaf

_____ Visual Impairment

_____ Blind

_____ Medical

_____ Psychological

_____ Other _____

What Accommodations are you requesting, or have you had in the past?

Major (if chosen): _____

When do you plan to attend NAU? Fall Spring Summer 20____

Which NAU campus/site will you attend? _____

Academic Level: ___Freshman ___Sophomore ___Junior ___Senior ___Grad

Vocational Rehab. Counselor (if any) _____ Location: _____

Parent(s)/Legal Guardian: _____

(Please print names in full)

I authorize Disability Resources to discuss my documentation with the qualified professional who issued my documentation and/or NAU Admissions Office / Residence Life Office / Previews Office / Academic Advisor / Gateway Student Success Center / Parent(s) / Legal Guardian / Vocational Rehabilitation Counselor / Financial Aid / Student Support Services / New Student Programs.

Student Signature: _____ Date: ____/____/____