

Registration Form

| Name: | UWID#: | |
|---|-----------------------------|---------------------------|
| Address: | | |
| Phone: (i.e. 555-555-5555) | Cell Provider: | (i.e Verizon, AT&T, etc.) |
| WSU Email: | @westfield.ma.edu | Date of Birth: |
| Major 1: | Major 2: | |
| Previous School (college or high school): | | |
| Status: Day Student CGCE Underg | grad Student 📃 Gradua | te Student |
| Are you involved in or use services from any of | the following? Check all th | at apply. |
| TRIO | | |
| Urban Education | | |
| Veteran Services: On campus | VA | |
| Student Athlete - Athletic Team(s): | | |
| State Vocational Rehabilitation - Agenc | y: | |
| Counselor name: | | |
| Phone: | Email: | |
| Other: | | |
| Do you work? | | |
| No Yes How many hours per | r week? | |
| What is your disability? Check all that apply. | | |
| Learning Disability | Brain Injury: | |
| Deaf/Hard of Hearing | Date of last injur | |
| Blind/Low Vision | Chronic Illnes | 5S: |
| Autism Spectrum | Chronic Pain: | |
| Mobility Related | | |
| Mental Health related | Other: | |
| | | |

| What accommodations and services have you used in the past? |
|---|
| Exam Accommodations |
| 50% (time and a half) extended time |
| 100% (double time) extended time |
| Reduced distraction environment |
| Reader |
| Scribe |
| Flexible Attendance (describe): |
| |
| |
| Sign Language Interpreter |
| CART |
| FM System |
| Voice Recorder |
| Note taker |
| Alternative Format Textbooks (describe): |
| |
| |
| Other: |
| |
| |
| |
| Do you need assistance during an emergency evacuation? |
| No |
| Yes (describe): |

Signature: ______

Date:

If submitting this form electronically, it must come from your Westfield State email address.

Please note: **This form is for beginning the registration process only**. Students who want to request reasonable accommodations must meet with the Disability Services staff, 413-572-5789, <u>ds@westfield.ma.edu</u> **AND** submit a Reasonable Accommodations Request Form.