



Self-Identification Form

First Name _____ Last Name _____ M.I. _____ Student ID: W00 _____

Date of Birth _____

Are you enrolled in the Farnan School of Law? ☐ Yes

Home Mailing Street Address _____

City _____ State _____ Zip _____

Primary Phone Number _____ Alternate Phone Number _____

Email Address _____

Emergency Contact Name _____ Relationship _____

Primary Emergency Phone _____ Alternate Emergency Phone _____

Disability Diagnosis and Description:

Accommodations Requested:

Note: If you would like to request additional accommodations after submission of this form, you must submit another self-identification form.

Permission of Notification and Notice of HIPPA

I, _____, grant the Office of Student Accessibility Services (OSAS) permission to notify my instructors at Wilmington University of the special needs recommended in the report(s) documenting my disability. Also, I grant the OSAS permission to share my file with other departments as needed to ensure academic success. When we deem it necessary, we will contact your instructors to monitor your academic progress.

I understand that I may revoke this authorization at any time by providing the OSAS with written notice that I am revoking this authorization. I understand, however, that I may not revoke any action that Wilmington University has taken in reliance upon this authorization prior to the date I revoked this authorization. I also understand that the federal Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act require me to be an active participant in the interactive process and to provide Wilmington University with my medical information that is necessary to determine what reasonable accommodation is appropriate for me. If I fail to cooperate in the interactive process or fail to provide the necessary medical information, I understand that the OSAS may not provide an accommodation.

Student's Signature

Date

Parent's or Guardian's Signature (For Students Under 18 Only)

Date