



DISABILITY RESOURCE CENTER REGISTRATION PACKET

Dear Student,

The University of the District of Columbia is committed to providing reasonable accommodation and access to persons with documented disabilities in accordance with the American with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, and this institution. Through the Disability Resource Center (DRC), the University assists eligible students with disabilities in meeting their academic goals and objectives.

In order to receive disability services, you must register with DRC. The completion of these forms serves as your statement of disclosure of your disability. However, the completion of these forms alone does not merit access to accommodations. You must submit documentation which substantiates the presence of a disability and assesses its impact on your academic performance. This documentation is necessary in assisting the staff of the DRC to work more effectively in the provision of support services. Please note that all records kept in our office are strictly confidential and are not a part of a student's academic record. **You are strongly advised to make an appointment with DRC to review your personal situation and go over any questions you may have.**

Please keep this cover page for your records before submitting the attached forms.

We look forward to working with you and wish you success as you matriculate here at the University of the District of Columbia.

Sincerely,

Disability Resource Center



CONFIDENTIALITY STATEMENT

Information shared by you in a counseling session will be kept in strict confidence. The Disability Resource Center staff operates as a team in order to provide the best possible services to students. As professionals, we confer with each other within the agency. These consultations are for professional and/or training purposes only. Information will not be disclosed outside of the Disability Resource Center without your written permission, with the exception of the following:

- Abuse of Children. If a staff member has reason to believe that a child under the age of 18 is being abused or neglected, she/he is legally obligated to report this situation to the appropriate state agency.
- Imminent Harm to Self. If a staff member has reason to believe that you are in danger of physically harming yourself, and you are unwilling or unable to follow treatment recommendations, she/he may have to make an involuntary referral to a hospital/or contact a family member or another person who may be able to protect you.
- Imminent Harm to Others. If a staff member has reason to believe that you are seriously threatening physical violence against another person, or if you have a history of physically violent behavior, she/he may be required to take some action (such as contacting the police, notifying the other person, seeking involuntary hospitalization, or some such combination of these actions) to insure that the other person is protected.

Please note: The exception to confidentiality is extremely rare. However, if it should occur, it is the Center's policy that, whenever possible, we will discuss with you any action that is being considered. Legally, we are not obligated to seek your permission, especially if such a discussion would prevent us from securing your safety, or the safety of others. If disclosure of confidential information does become necessary, we will release only the information necessary to protect your and/or another person's physical safety.

If you have any questions regarding the above information, please discuss them with your intake counselor.

I have read and understand this statement of confidentiality.

Signature

Date



CONFIDENTIALITY STATEMENT

Information shared by you in a counseling session will be kept in strict confidence. The Disability Resource Center staff operates as a team in order to provide the best possible services to students. As professionals, we confer with each other within the agency. These consultations are for professional and/or training purposes only. Information will not be disclosed outside of the Disability Resource Center without your written permission, with the exception of the following:

- Abuse of Children. If a staff member has reason to believe that a child under the age of 18 is being abused or neglected, she/he is legally obligated to report this situation to the appropriate state agency.
- Imminent Harm to Self. If a staff member has reason to believe that you are in danger of physically harming yourself, and you are unwilling or unable to follow treatment recommendations, she/he may have to make an involuntary referral to a hospital/or contact a family member or another person who may be able to protect you.
- Imminent Harm to Others. If a staff member has reason to believe that you are seriously threatening physical violence against another person, or if you have a history of physically violent behavior, she/he may be required to take some action (such as contacting the police, notifying the other person, seeking involuntary hospitalization, or some such combination of these actions) to insure that the other person is protected.

Please note: The exception to confidentiality is extremely rare. However, if it should occur, it is the Center's policy that, whenever possible, we will discuss with you any action that is being considered. Legally, we are not obligated to seek your permission, especially if such a discussion would prevent us from securing your safety, or the safety of others. If disclosure of confidential information does become necessary, we will release only the information necessary to protect your and/or another person's physical safety.

If you have any questions regarding the above information, please discuss them with your intake counselor.

I have read and understand this statement of confidentiality.

Signature

Date



Semester: _____

DRC REGISTRATION FORM

Date: _____ Student ID #: _____
Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____ Ward: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Email address: _____@udc.edu Age: _____ Male Female
Emergency Contact: _____ Phone: _____

UNIVERSITY STATUS

- Freshman
- Sophomore
- Junior
- Senior
- Graduate/Masters
- Special
- Prospective
- Transfer from: _____

SCHOOL INFORMATION

- GPA: _____
- Major: _____
- College of Arts & Sciences
 - School of Engineering & App. Sciences
 - School of Business & Public Admin.
 - David A. Clarke School of Law
 - other: (specify) _____

OTHER INFORMATION

- Marital Status:
- Single
 - Married
 - Widowed
 - Divorced
 - Separated

ETHNIC ORIGIN

- Asian
- Black / African American
- Caucasian
- Hispanic
- Native American
- other (specify) _____

Receive Financial Aid?

- Yes No

International Student

Country of Origin: _____

English – 2nd language (ESL) Yes No

DISABILITY CLASSIFICATION:

- | | |
|---|--|
| <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Chronic Health | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Cognitive | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Visual Impairment |

When was your disability first diagnosed? _____

Describe the academic implications of your Disability. _____

What accommodations are you requesting? _____

Are you a Vocational Rehabilitation client: Yes No. If yes, what state? _____

Please list any medications which you are taking and how they may affect your academic work: _____

Please describe any additional concerns you have. _____

I have received a copy of the DRC policy:

Signature: _____

Date: _____