

EMORY UNIVERSITY
Office of Disability Services
A Unit of Equal Opportunity Programs
110 Administration Building
Atlanta, Georgia 30322-0520
Voice: 404/727-6016; TTY: 404/712-2049
Fax: 404/727-1126

SELF-IDENTIFICATION FORM

It is the policy of Emory University to ensure that all University goods, services, facilities, privileges, advantages, and accommodations are meaningfully accessible to qualified persons with disabilities in accordance with the Americans with Disabilities Act (ADA) of 1990, Section 504 of the Rehabilitation Act of 1973, and other pertinent federal, state, and local disability anti-discrimination laws.

Reasonable accommodations will be made on an individual basis. It is the responsibility of persons with disabilities, however, to seek available assistance and to make any needs known.

If you are an individual with a disability/chronic medical condition who may require assistance or accommodations from Emory University, please complete this form and return to:

**Office of Disability Services
201 Dowman Drive, Suite 110
Atlanta, Georgia 30322**

Once received, the Office of Disability Services will send an information packet detailing their services provided and all other pertinent information (i.e., required medical documentation, intake appointments and the menu of general accommodations available).

No disclosure of this information will be provided without your consent. We guarantee confidentiality.

X Please cut along this line and retain the top portion of this form for your reference.

Name: _____

Address: _____

City/ State/Zip: _____

Telephone: (____) _____

SS#: _____ - _____ - _____ or Student ID _____

Indicate your disability category:

Sensory (i.e. Visual, Hearing, etc.)

Psychological/ Emotional

Learning

Chronic Medical Condition

Please mark the appropriate school:

Emory College

Oxford College

Law School

Allied Health

Candler School of Theology

Woodruff School of Nursing

Graduate School of Arts & Sciences

Goizueta Business School

Rollins School of Public Health

School of Medicine

Enrollment date:

Fall 20__

Spring 20__

1st Term Summer 20__

2nd Term Summer 20__

Expected Graduation Year: _____

Please Fold Here

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| Place Postage Here |
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Office of Disability Services
Emory University
201 Dowman Drive
110 University Administration Building
Atlanta, Georgia 30322-0520

Attn: New Student Coordinator

Staple or Tape