Accessibility Resource Center Registration

Demographic Data

Last Name: ____________________________  First Name: ____________________________  Middle Initial: ______

CSUC ID #: ____________________________  Date of Birth: __/__/____  Preferred Phone #: ____________________________

E-mail: __________________________________________

May we leave a detailed message disclosing that we are calling from the ARC?  □ Yes  □ No

Student Status (Please check all that apply).

□ Continuing Chico State Student

□ First Semester Freshmen/ □ Transfer  When? ____________________________

□ First Semester Transfer (currently or in upcoming semester)  □ Path Scholar (Foster Youth)

□ Enrolled in Open University  □ LEAD student

□ Registered with Educational Opportunity Program (EOP)

□ Receive Financial Aid

□ International Student or ALCI

□ A Military Veteran

□ Client of Department of Rehabilitation?  Counselor’s name/office: __________________________________________

Chico State Major: ____________________________  Class Level: ____________________________

Disability Information

Note: Documentation of your disability is required in order to receive services. Please submit disability documentation with this application form. See guidelines for documentation of specific disability categories listed at: http://www.csuchico.edu/arc/

Please check all that apply.

□ Blind or Low Vision  □ Chronic Health Condition/ Other Functional limitations

□ Service Dog User  please specify: __________________________________________

□ Attention Deficit/Hyperactivity Disorder (AD/HD)  □ Learning Disability

□ Communication Disability  □ Wheelchair/Scooter user

□ Psychological or Psychiatric Disability  □ Acquired Brain Injury

□ Deaf and Hard of Hearing  □ Mobility Disability

ARC Registration 6/2017
Support Services and Accommodations
Services are individualized based on functional limitations and requirements of the specific course/instruction. Services are subject to approval by Accessibility Resource Center.

Please check services you are interested in learning about or that you would like to request using at Chico State.

- [ ] Priority Registration
- [ ] Instructional Materials in Alternate Format
- [ ] Specialized furniture
- [ ] Cart Services
- [ ] Accessible Parking
- [ ] In Class Educational Assistant
- [ ] Audio Recording of Lectures
- [ ] Other Services or issues: ________________________________

Exam Services ____________________________
Assistive Technology _______________________
Sign Language Interpreter Services
Real Time Captioning Services
Scribe
Note taker
Referral to Office of Accessible Technology and Services (OATS)

Confidentiality Statement

Please read, sign and date the following confidentiality and disclosure statement:

I understand that disability related information I provide to Accessibility Resource Center at Chico State is confidential and can only be disclosed at my request except when:

1. The ARC staff advises university faculty and staff on how to implement a reasonable accommodation I have requested and that I am eligible to use.
2. The ARC staff consults with university faculty and staff, on a need to know basis, in the event a health and safety issue occurs related to or which affects my disability.
3. I have received a copy of ARC Student Rights, Responsibilities & Dispute Resolution.
4. I have been informed of Emergency Preparedness, including evacuation, for persons with disabilities.

Student Name: ____________________________  Date: __/__/_____
Signature: ________________________________

ARC USE ONLY

Eligibility Determination:

Appropriate documentation received/reviewed:  ☐  Disability is “Obvious and Apparent”:  ☐
Student has a disability (ies):  ☐ Yes ☐ No
Specify disability (ies): _______________________
Disability Results in substantial limitation to a major life activity ☐
Requires academic accommodations at Chico State ☐
Interim Approval Until: _________________

Notes: ________________________________________________________________

____________________________________________________
Staff Signature: ____________________________  Date: __/__/_____