STUDENT REQUEST FOR DISABILITY SERVICES  
CLIENT INFORMATION  
This form is to be completed by the STUDENT. (If assistance is needed, please ask the Disability Case Manager for help). Fill out the form as completely as possible prior to meeting with the Disability Case Manager.

Banner ID: ____________________________ Date: ____________________________

Name: ____________________________ DOB: ____________________________

PO Box C/S #: ____________________________ Physical Address: ____________________________

City: ____________________________ State: ____________________________ Zip: ____________________________

Home address (if different than physical address): ____________________________

City: ____________________________ State: ____________________________ Zip: ____________________________

NMT email: ____________________________ Phone #: ____________________________

By providing an emergency contact you give New Mexico Tech permission to contact this person in an emergency.

Emergency contact: ____________________________ Relationship: ____________________________

Email: ____________________________ Phone: ____________________________

<table>
<thead>
<tr>
<th>Student Status</th>
<th>Year in School</th>
<th>Ethnicity: (optional)</th>
<th>Sex: (optional)</th>
<th>Marital Status: (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Full-time</td>
<td>□ Freshman</td>
<td>□ American Indian/Native American</td>
<td>□ Male</td>
<td>□ Single</td>
</tr>
<tr>
<td>□ Part-time</td>
<td>□ Sophomore</td>
<td>□ Asian</td>
<td>□ Female</td>
<td>□ Cohabiting</td>
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<tr>
<td>□ Prospective</td>
<td>□ Junior</td>
<td>□ Black/African American</td>
<td></td>
<td>□ Married</td>
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<tr>
<td></td>
<td>□ Senior</td>
<td>□ Hispanic/Latino</td>
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<td>□ Divorced</td>
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<tr>
<td></td>
<td>□ Graduate</td>
<td>□ White/Anglo</td>
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<td>□ Separated</td>
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<td></td>
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<td>□ Other (specify) ______</td>
<td></td>
<td>□ Widowed</td>
</tr>
</tbody>
</table>

ACADEMIC DATA:
Is this your first semester at Tech? YES or NO

If not, date of first semester at Tech: ____________________________ Are you a transfer student? YES / NO

Major area of study: ____________________________ Advisor: ____________________________

Current GPA: _________ How are your grades this semester: (circle one) Excellent Good Fair Poor

Has your academic performance changed? YES / NO If yes, how? ____________________________

Do you have a Tech scholarship or the New Mexico Lottery Scholarship: YES / NO

If yes please list: ____________________________

Revised 11/17 TEK
EMPLOYMENT DATA:
Are you working? YES / NO

Place of employment: ___________________________ Hours per week: ________________

DISABILITY INFORMATION:
Diagnosis or type of disability: ___________________________

Date you were diagnosed: ________________ Name of Diagnostician: ______________________

Date of most recent diagnosis ________________

Medications currently prescribed for your disability, please list and describe:
1) ___________________________ 2) ___________________________
3) ___________________________ 4) ___________________________

Do you currently have a primary care provider for your disability? YES / NO

Name and Profession: _______________________

Physical Address: ___________________________

City: __________________ State: __________________ Zip: __________________

Email: __________________ Phone #: __________________

Check the major life activities/major bodily function your disability currently “substantially limits”
Include, but are not limited to:

☐ Bending ☐ Endocrine ☐ Respiratory
☐ Bladder ☐ Hearing ☐ Seeing
☐ Bowel ☐ Immune System ☐ Sleeping
☐ Brain ☐ Interacting with others ☐ Speaking
☐ Breathing ☐ Learning ☐ Standing
☐ Caring for self ☐ Lifting ☐ Thinking
☐ Circulatory ☐ Neurological ☐ Walking
☐ Communicating ☐ Normal cell growth ☐ Working
☐ Concentrating ☐ Performing manual tasks ☐ Other (Specify) __________________
☐ Digestive ☐ Reading
☐ Eating ☐ Reproductive functions

How does your disability limit your academic performance:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Please describe the issues that you are experiencing in class/housing/other setting that require accommodations

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
Have you received accommodations for your disability in the past: YES / NO

Where and what accommodation/s (list previous institutions and accommodation/s):

__________________________________________________________________________________________

Check any of the following outside agencies from which you have received support:

☐ Vocational Rehabilitation  ☐ CMC-Randolph
☐ Services for the Blind       ☐ Services for the Deaf and Hard of Hearing
☐ VA                             ☐ Other: ________________________________

What services did this agency provide you:

__________________________________________________________________________________________

Which of the following tasks do you HAVE DIFFICULTY doing? (check all that apply)

☐ Paying attention in class  ☐ Taking notes
☐ Memorizing                   ☐ Time Management
☐ Reading/Understanding       ☐ Communication
☐ Doing math calculations/word problems ☐ Following directions
☐ Spelling                     ☐ Finishing tests on time
☐ Physical Activities          ☐ Writing/Putting thoughts into words

ACCOMMODATION REQUESTS
Please describe the reasonable accommodations you are requesting:

__________________________________________________________________________________________

__________________________________________________________________________________________

Any other concerns that you would like to discuss:

__________________________________________________________________________________________

__________________________________________________________________________________________

NOTE: Accommodations are approved based on the supporting documentation provided, an intake interview with a case manager, and may include decisions by the Office of Counseling and Disability Team.
NMT Student Agreement for Disability Services and Accommodations

My signature below affirms that I am registering with New Mexico Tech Office of Counseling and Disability Services (OCDS) as a student with a disability, as defined by the Americans with Disabilities Act and Section 504. I understand that despite my disability,

_____I fully understand that this request for accommodation(s) is based on New Mexico Tech’s need for documentation to support my request for services.

_____I understand that once this request for accommodation(s) is processed, I may be required to provide additional documentation, on a case-by-case basis, of changes in my condition. I understand the NMT may not be able to provide services until appropriate documentation has been received.

_____I agree to allow the disclosure of my agreed upon accommodations to my professors. I am aware that it is my responsibility to deliver and discuss my accommodation letters with each professor. I understand that choosing not to utilize accommodations is my choice, but they may not be used retroactively.

_____I understand that OCDS may have student workers assisting with filing of records. I understand my information may be shared with those within the University who have a legitimate educational interest.

_____I must meet the minimum technical standards as set forth by my program of study and the classes I take, with or without accommodations.

_____I am responsible for following the University’s policies and the New Mexico Tech Student Handbook: A Guide to University Citizenship.

_____I am responsible for contacting OCDS each semester to review my accommodation(s).

_____I understand that most contact with the Office of Counseling and Disability Services will go through my student email account at New Mexico Tech.

_____If I desire to have any information disclosed with outside parties, including my parents; I will sign a consent form with OCDS.

_____I understand that student or faculty questions about accommodations should be submitted to OCDS.

I, the undersigned, authorize the staff providing disability accommodation services to contact relevant New Mexico Tech student services staff, faculty or administration to share information pertaining to my accommodation(s) for the purpose of coordinating appropriate services and determining any necessary and reasonable academic accommodations.

Student Signature _______________________ Date: ____________________

NMT OCDS Representative Signature: ___________________ Date: ____________________

The institution will provide accommodations to students with disabilities to enable students to meet institutional standards without compromising the Academic Integrity of the course, program, assignment or activity.