Self-Identification Form

Students registering with the Office of Disability Services should complete this form and sign it.

Name:BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBStudent ID #:BBB________________________

Date of Birth:______________________________

Please check student status. ☐ Undergraduate ☐ Graduate Transfer Student? ☐ Yes ☐ No

Major:____

What will be your primary site of attendance:____

Home Mailing Address:____

City:____State:_________________Zip:_________________

Home Phone #:____Alternative #:________________________________

Email:____

Emergency Contact Information:

Name:____Relationship:_________________________________

Main Phone #:_______________________________________ Alternative #:________________________________

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, grant the Office of Disability Services (ODS) permission to notify my instructors at Wilmington University of the special needs recommended in the report(s) documenting my disabilities. Also, I grant the ODS permission [illegible]