



Office of Academic and Student Affairs

Student Access

Mail code: L601
3181 S.W. Sam Jackson Park Road
Portland, OR 97239-3098
tel 503 494-5657 fax 503 494-4916

STUDENT ACCESS REGISTRATION AGREEMENT

A. I understand that I am registering for services from Student Access at Oregon Health & Science University and that I may be eligible for services such as information, referral, accommodations, academic adjustments and/or auxiliary aids that may be needed for access to courses, activities, programs, services, or facilities.

1. I understand that the University needs disability information to provide services and to conduct reporting and research functions. This data is classified by disability.
2. I understand that as a user of Student Access, I am responsible for reviewing the rights and responsibilities pertaining to disability access.
3. I understand that I will not be eligible for services if I do not provide documentation of a diagnosed disability, do not have a diagnosed disability, or do not follow Student Access and University policies and procedures.

B. I understand that if I request Student Access to facilitate accommodations on my behalf, they may need to consult with other University personnel and share information about my condition per the Confidentiality Statement.

Student Name (print): _____

Student Signature: _____ **Date:** _____

Student Access Staff Signature: _____ **Date:** _____