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: _______