



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 FORM

Date: _____

Name: _____
Last First Middle Initial

Email Address: _____

Local Address: _____

City State Zip Code

Local Phone Number: () Work Phone Number: ()

Permanent Address: _____

City State Zip Code

Phone Number (Permanent): ()

Social Security # - - Date of Birth(m/d/y)

Gender: _____

School: SoM Program:
SOSE
SoD What year/level in school:
SoN
Other Which Campus:

Expected Graduation: _____



DISABILITY INFORMATION:

Type of Disability

Cause

What difficulties do you experience as a result of your disability?

What services are you requesting to accommodate your disability?

What accommodations/compensatory strategies have been successful for you in the past?

Are you taking any medications for this disability? No Yes

If yes, Drug name(s) & Dosage(s):

Side effects/experiences (if any):

EDUCATIONAL INFORMATION:

Schools Attended

Name of School:

Dates:

Major:

Diploma or Degree

Did you receive accommodations at your previous institution(s) for this disability? Yes No

Which school?

What accommodations?

Send information to:

**Sue Orchard
Student Access
Oregon Health & Science University
Mail Code L601
3181 SW Sam Jackson Park Road
Portland, OR 97239**

**Ph: 503-494-5657
Fax: 503-494-4916
e-mail: orchards@ohsu.edu**