



OHSU Teaching and Learning Center
Student Access & Learning Support

Mackenzie Hall, Room 1180; Mail code: L624
3181 S.W. Sam Jackson Park Road
Portland, OR 97239-3098
Phone: 503 494-0082||Fax: 503-346-8066
studentaccess@ohsu.edu

STUDENT ACCESS REGISTRATION FORM

Date: _____

Name: _____
Last First Middle Initial

Email Address: _____

Address: _____

City State Zip Code

Phone Number: () _____ Alternate Phone Number: () _____

Gender: _____ Race: _____ Date of Birth:(m/d/y) _____

School: SOM _____ Which Program _____
SOD _____ What year/level in school: _____
SON _____ Which Campus: _____
Other _____

Expected Graduation: _____

DISABILITY INFORMATION:

Type of Disability (and Cause, if known):

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? Yes No

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

Side effects/experiences (if any):

EDUCATIONAL INFORMATION:

Schools Attended: _____

Did you receive accommodations at your previous institution(s) for this disability?

Yes No

Which school? _____

What accommodations?

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.

- I understand that the University needs disability information to provide services and to conduct reporting and research functions. This data is classified by disability.
- 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 Student Access may need to consult with other University personnel and share information about my condition per the Confidentiality Statement.

Student Signature: _____ Date: _____

Send information to:

Shelby Acteson, M.Ed.
Interim Director, Student Access
OHSU Teaching and Learning Center
Phone: 503 494-0082|Fax: 503-346-8066
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Oregon Health & Science University
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