



Office for Student Access

Baird Hall, Room 1036B; Mail code: L624
3181 S.W. Sam Jackson Park Road
Portland, OR 97239-3098

Phone: 503 494-0082 || Fax: 503-346-8068
studentaccess@ohsu.edu

STUDENT ACCESS REGISTRATION FORM

Student ID #: U \_\_\_\_\_ 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?**

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**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 the Office of 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 services, I am responsible for reviewing the rights and responsibilities pertaining to disability access.
- 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, 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:**

**Jennifer Gossett, M.S.**  
Director, Office for Student Access  
Phone: 503 494-0082 | Fax: 503-346-8068  
studentaccess@ohsu.edu

Oregon Health & Science University  
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