



Office for Students with Disabilities

Request for Services & Academic Accommodations, Part I

**Part I: Basic Information, for Student to Complete & Return to
<OSWD@Gallaudet.edu>**

Full Name		Gallaudet ID #	
Pronouns		Social Security #	
Email		Term/Year Admitted to GU	
Major Field of Study		Term/Year Expected Graduation	

Status	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> ELI	<input type="checkbox"/> Prof. Studies	<input type="checkbox"/> Special
--------	--	-----------------------------------	------------------------------	--	----------------------------------

Gender Identity	<input type="checkbox"/> Female	<input type="checkbox"/> Trans Female	<input type="checkbox"/> Genderqueer	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Other
	<input type="checkbox"/> Male	<input type="checkbox"/> Trans Male	<input type="checkbox"/> Androgynous	<input type="checkbox"/> Intersex	<input type="checkbox"/> No Answer

Auditory Status	<input type="checkbox"/> Deaf	<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Hearing
-----------------	-------------------------------	--	----------------------------------

Home Address	
--------------	--

Previous Colleges or Universities, years, and degrees or certificates, if any:

Disabilities for which you are requesting services:	
Briefly describe how your disabilities affect your potential to succeed in course work and classes:	
I (<i>student name</i>):	
hereby authorize (<i>medical professional in Part III</i>):	
to discuss with Gallaudet University Office for Students with Disabilities (OSWD), my confidential medical information in Part III, for purposes of determining academic disability accommodations.	
Student Signature	Date