



# MONTCLAIR STATE UNIVERSITY

## Registration Form Disability Resource Center

Today's Date: \_\_\_\_\_

### GENERAL INFORMATION:

Name: \_\_\_\_\_

CWID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone# : \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

### DISABILITY INFORMATION:

Check all that apply (asterisk the primary disability)

\_\_\_\_\_ ADD/ADHD

\_\_\_\_\_ Deaf/Hard of Hearing

\_\_\_\_\_ Learning Disability

\_\_\_\_\_ Blind/Low Vision

\_\_\_\_\_ Communication

\_\_\_\_\_ Motor/Orthopedic

\_\_\_\_\_ Brain Injury

\_\_\_\_\_ Systemic/Chronic Medical

\_\_\_\_\_ Psychiatric

\_\_\_\_\_ Other \_\_\_\_\_

Problems Due to Disability in Academic Settings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accommodations Previously Used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accommodations Currently Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_