



## APPLICATION FOR SERVICES FORM

How did you learn about Student Disability Services (formerly Student Ability Success Center)?

- Self- I received services in High School and/or College
- Self- I never received services before and researched where I could get help
- Professor or staff member recommended
- SDSU sponsored event (i.e. Explore SDSU, New Student Orientation, etc.)
- Other: \_\_\_\_\_

### SECTION I- Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*(optional)*

Red ID Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

### SECTION II- Student Status

Select one:

- Continuing SDSU student- Class Level: \_\_\_\_\_
- Incoming SDSU Freshman/ First-year/Grad student for (semester/year): \_\_\_\_\_
- Incoming transfer student for (semester/year): \_\_\_\_\_
- Registered through Global Campus - If selected, please also indicate your program:  
 Degree Seeking (Undergrad/Grad)    Advanced Certificate    Open University  
 Non Degree Seeking/Professional Development    American Language Institute

Are you an international student?	Yes	No
Are you an active client of the CA Department of Rehabilitation?	Yes	No
Are you on active military duty?	Yes	No
Are you a military dependent?	Yes	No
Are you a veteran?	Yes	No
If a veteran, is your disability service-related?	Yes	No
If a veteran, are you using Vocational Rehabilitation services from VA?	Yes	No

Briefly describe your disability: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SECTION III- Confidentiality and Release of Information Procedure**

**OUTSIDE OF SDSU**

Your right to privacy and confidentiality is a high priority at Student Disability Services (SDS). The Family Educational Rights and Privacy Act (FERPA) is a law that protects students' educational records and prevents the improper disclosure of these records outside of the university. In order for your records to be shared, FERPA requires that you sign a consent to release information (a "release") and specify the individual or organization outside the university to whom you are authorizing the release of records.

SDS may be required by law to release medical, disability and other information without your signed consent in the following situations: abuse or neglect of a child, elder or dependent adult, immediate danger of harm to self or others, or court order.

**WITHIN SDSU**

FERPA allows SDS to share information with, and/or obtain information from other SDSU departments, instructors or professionals who have a legitimate educational need to know. However, under no circumstances will SDS disclose your diagnosis(es) or share your documentation from a third party medical or psychological provider to individuals at SDSU without your written permission.

Only information that SDS deems appropriate may be released within SDSU without your written consent, and only for the following legitimate educational reasons:

- To assess a student's need for accommodations, services and referrals
- To provide appropriate accommodations, services and referrals
- To advocate on a student's behalf, when requested
- To comply with University and CSU reporting requirements

For the reasons above, information about accommodations or disability-related services may be shared with SDSU professionals including, but not limited to, those in the Division of Student Affairs, Academic Affairs, Enrollment Services, and the Office of Housing Administration. Such disclosure is individualized and done when it is in the best interest of the student. While Enrollment Services will receive ID numbers for students who receive priority registration as an accommodation, NO record of disability appears on any academic transcript or permanent document maintained by Enrollment Services.

If you have questions or concerns regarding your privacy or the limits of confidentiality, we encourage you to discuss these with your SDS counselor.

I, \_\_\_\_\_, have read and understand the Student Disability  
*(print student name)*  
**Services Confidentiality & Release of Information Procedure.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(required)*