



OSU-Oklahoma City (OSU-OKC) Disability Services Office
New Student Information Form

Name: _____

First

Middle Initial

Last

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Student ID#: _____

email: _____

What is your **primary disability**? (If you have multiple disabilities, which one affects you the most in your daily life?)

How do you think this disability affects you as a student?

What are your *strengths*?

What special disability accommodations do you think you will need in your classes?

I understand that the OSU-OKC Disability Services Office may communicate with other OSU-OKC offices, campus officials, or course instructors about my disability and special needs to fulfill my accommodation requests. I understand that this will only be done on a limited, need-to-know basis and only for the purpose of fulfilling accommodation requests and/or promoting my academic success.

Student Signature

Date