



STUDENT AFFAIRS AND
ENROLLMENT SERVICES
Disability Support Services

SETON HALL UNIVERSITY
Self-Identification Form for Students with Disabilities
2007-2008 Academic Year

The entire form must be completed by the student: Please print

Name: _____
(First) (Middle Initial) (Last)

Home Address: _____
(Number and Street)

(City) (State and Zip Code)

Phone Number () _____ Cell () _____

Term of Entry to the University _____ (Semester and Year)

I entered as a (check one) freshman _____ transfer student _____ other _____

Current grade level _____ School _____

SHU ID# _____ Major _____

Type of Disability (check all that apply):

- Attention Deficit Hyperactive Disorder
 - Inattentive type _____
- Learning Disability (Specify type) _____
- Impaired/Limited Mobility
- Blind/Low Vision
 - Require information in Braille _____
- Deaf/Hard of Hearing
 - Require sign language interpreter _____
- Psychiatric
- Developmental Disabilities
 - Asperger's Syndrome _____
 - Pervasive Developmental Disorder, Not otherwise specified
- Health Impairments (specify type) _____
- Traumatic Brain Injury
- Other (specify) _____

Please check the DSS website for appropriate documentation for your disability. It should be noted that prior IDEA classification with an IEP or a previous 504 accommodation plan does not guarantee that you will be eligible for services at SHU. The criteria for post secondary school is different than that of the K-12 sector and requires that a student be otherwise qualified to attend the University and that there be evidence of a substantial limitation in a life activity. Consult this web site for information on the type of documentation that is required for your particular disability. It will need to be submitted and an intake appointment will need to be held prior to granting any accommodations. Students at Seton Hall University are not permitted to negotiate accommodations with individual professors: all accommodations must be determined through the DSS Office.

Signature of Student* _____

Date _____

*** Parents are not permitted to identify for their children.**

Please return this form to:

Linda Walter, Director, Disability Support Services Duffy Hall/Room 67 Seton Hall University
400 South Orange Avenue South Orange, NJ 07079 **Or Fax it to: 973-761-9185**