





University of Alaska Registration for Accommodations

Complete the information below as part of the collaborative process to ensure access and reasonable accommodations at the University of Alaska. This information may be shared between Disability Services offices at each campus for students enrolled in courses at more than one institution within the Universityaf0 (as)2 (

Disability & Accommodation History:

Disability Services requires documentation of the disability(ies) that meets the following requirements:

- 1) Verifies a diagnosis;
- 2) On letterhead or UA Disability Verification Form;
- 3) Signed by a qualified professional; and
- 4) Dated within the previous three years.

In cases where documentation provided does not meet these standards, provisional services may be provided while you obtain the required documentation.

Hearing Eating Focusing Breathing Interacting with others Memorizing Seeing Reading Processing Walking/Standing Writing Other Lifting/Carrying Spelling Other	Describe your documented	d disability and the related barriers to yo	our education:
yourself in the following areas on a scale of 0-4 (0 = Able, 1 = Somewhat able, 2 = With some difficulty, 3 Very difficult, 4 = Not able). If you experience something that is not listed, please indicate the task and rate it under "other": Communicating Sitting Focusing Focusing Breathing Interacting with others Memorizing Seeing Processing Walking/Standing Writing Other Other Lifting/Carrying Spelling Other Other Other Spelling Other Other Spelling Spel			
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Breathing Interacting with others Memorizing Seeing Reading Processing Walking/Standing Writing Other Lifting/Carrying Spelling Other		Eating	
Seeing Reading Processing Walking/Standing Writing Other Lifting/Carrying Spelling Other			
Walking/Standing Writing Other Lifting/Carrying Spelling Other		Reading	· ·
Lifting/Carrying Spelling Other	•	Writing Writing	
	•	Spelling	
What methods, strategies or resources have you used to manage the impacts of your disability?		·	
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How does your disability impact your learning and/or access to your coursework, physically or digitally?
Learning style (indicate all that apply) Visual Auditory "Hands-On" Other:
Please list the accommodations you are requesting (this can include academic, housing, dining, participation in campus events or other areas to ensure access to campus and your education):
Although Disability Services independently determines reasonable accommodations for accessibility in your college courses, it is helpful for us to know what academic support services you have received previously. Please list below:
Your computer/technology/software skills are: Basic Intermediate Advanced What assistive technologies have you used in the past?
Is there anything else you would like us to know that may affect your academic performance (i.e. life changing events, health complications, study skills, financial concerns, social concerns, access to campus)?

Agreement to Terms and Conditions for Accommodations I authorize Disability Services to communicate with faculty regarding my approved accommodations necessary for my participation in classes. I understand my specific disability will not be disclosed withou thohosa