



Student Registration Renewal Application

The purpose of this form is to provide updated information to the Student Access Center in supporting continued accessibility needs and what reasonable accommodations you are requesting. Completion of this form is required at the beginning of each academic year to receive services.

Information provided on this form is confidential.

The registration renewal process must include the following steps:

1. Completed Student Access Center Registration Renewal Application
2. Release of Information
3. Accommodation Review Form (to be completed when requesting additional/revisions to accommodations)

Part I. Student Personal Information

Date: _____

Full Name: _____ DOB: _____ 900#: _____

Preferred Name: _____

Pronouns: She/Her/Hers He/ Him/ His They/Them/Theirs Other: _____

Preferred Contact #: (_____) _____ - _____ Alternate #: (_____) _____ - _____

Spelman Email: _____ Alternate Email: _____

Local Address or Residence Hall Assignment:

	Street	City	State	Zip Code
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Permanent Address:

	Street	City	State	Zip Code
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Referred by: _____ Are you registered with *Vocational Rehabilitation Services*? Yes No

Part II. Student Status (check all that apply):

First Year Sophomore Junior Senior PED Scholar Transfer Student

Anticipated Graduation: _____

Part III. Disability/Accommodation Information

Diagnosed Disability:

Year of initial diagnosis: _____ Year of most recent evaluation: _____

Indicate the reasonable accommodation(s) you are requesting in the academic setting and/or residential setting (e.g., test-taking accommodations, book in alternate format, wheelchair accessible housing).

Part IV. Accommodation History

List accommodations and/or services received previous semester(s) at Spelman College:

Part V. I certify that the information provided on this form is accurate. I understand that to be eligible for disability services at Spelman College I must (1) submit this completed form, (2) meet with Student Access Center for an intake interview and to review documentation guidelines, (3) submit additional comprehensive disability documentation if requesting changes in accommodations, and (4) review recommended accommodation(s) with Student Access Center each semester, as needed. My signature authorizes SAC to discuss my documentation with the clinician who authored the documentation or a similarly qualified Spelman staff person or consultant if additional information or clarification is required.

Student's Signature

Date