

LRC Registration Form

Name: _____ MICA ID: _____

Local Address: _____

Local Phone: () _____ Email Address: _____@mica.edu

Permanent Address: _____

Permanent Phone: () _____

Semester/Year entered MICA: _____

Present Status:

- _____ Full-time
- _____ Part-time
- _____ Visiting
- _____ Other

Degree Status:

- _____ Freshman
- _____ Sophomore
- _____ Junior
- _____ Senior
- _____ Graduate
- _____ Non-Degree

Major Field of Study: _____

Disability Classification:

- | | |
|--|------------------------------|
| _____ Attention Deficit/Hyperactivity Disorder | _____ Learning Disorder |
| _____ Chronic Health Disorder | _____ Physical Disorder |
| _____ Autism Spectrum Disorder | _____ Psychological Disorder |
| _____ Temporary Disability | _____ Hearing Disorder |
| _____ Vision Disorder | Other _____ |

When was your disability first diagnosed? _____

Describe the academic implications of your disability: _____

What accommodations are you requesting? _____

Are you a Vocational Rehabilitation Client? ____ Yes ____ No If yes, what state? ____

Please list any medications which you are taking and how they may affect your academic work: _____

Please describe any additional concerns you have: _____

Background information:

Gender: ____ Male ____ Female ____ Other

Preferred Pronoun: ____ He ____ She ____ They ____ (Other)

Date of Birth: _____ Age: _____

Citizen Status: ____ US citizen ____ US permanent resident ____ International

AUTHORIZATION TO DISCLOSE DISABILITY INFORMATION

By signing below, I hereby authorize the Learning Resource Center to disclose information about my disability to MICA professors and staff directly involved in providing academic and/or support services.

Additional persons authorized to receive above information:

- ____ Parent(s)
- ____ Diagnostician
- ____ Mental Health Professional
- ____ Other

Comments: _____

I understand that I have a right to inspect my Learning Resource Center file and that this authorization is subject to revocation, in writing, at any time.

Signature: _____ Date: _____

Name: _____ Witness: _____