

Demographic Data

Last Name	First Name	Middle Name
Street Address		City
State/Province	Zip/Postal Code	Country
SFAI ID#		Date of Birth (MM/DD/YY)
Phone Number	Email	
May we leave a detailed message disclosing that we are calling from the ASO? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Student Status

Please check all that apply:

<input type="checkbox"/> Current SFAI Undergraduate Student	<input type="checkbox"/> Current SFAI Graduate Student	<input type="checkbox"/> First-Semester Freshman (currently or in upcoming semester)	<input type="checkbox"/> PreCollege Student
<input type="checkbox"/> First-Semester Transfer (currently or in upcoming semester)	From what college? _____		

SFAI Major	Class Level
------------	-------------

Health Condition

Please check all that apply:

<input type="checkbox"/> Blind or low vision	<input type="checkbox"/> Communication disability	<input type="checkbox"/> Deaf or hard of hearing	<input type="checkbox"/> Mobility disability
<input type="checkbox"/> Chronic health condition or other functional limitations	<input type="checkbox"/> Attention deficit/hyperactivity disorder (AD/HD)	<input type="checkbox"/> Psychological or psychiatric disability	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Acquired brain injury	<input type="checkbox"/> Wheelchair/scooter user		

Please elaborate:

What is the date the diagnosis/condition commenced?

How long do you expect your health condition to last?

Medical History

Additional Health Conditions	Onset Age	Limitations (how it affects you)

Please list all medications you are currently taking:

Name of Medication	Dosage	Side Effects

Support Services and Accommodations

What accommodations have you had in the past three years? Where?

What accommodations are you requesting? Please note the courses for which you request each accommodation to be considered.

What do you currently do to offset or mitigate the adverse impact of your health condition (e.g. medication, yoga)?

Please explain how the requested accommodations will be effective in enabling you to participate successfully at the San Francisco Art Institute.

Confidentiality Statement

Please read, sign, and date the following confidentiality and disclosure statement:

I understand the disability-related information I provide to the Accessibility Services Office (ASO) at the San Francisco Art Institute is confidential and can only be disclosed at my request except when:

1 / The ASO staff consults with the author of my documentation in determining my eligibility for reasonable accommodations at SFAI.

2 / The ASO staff advises the school's faculty and staff on how to implement a reasonable accommodation I have requested and that I am eligible to use.

3 / The ASO staff consults the school's faculty and staff, on a need-to-know basis, in the event a health and safety issue occurs.

This authorization is valid for the duration of my enrollment at SFAI from the date of my signature below. I understand that I have a right to receive a copy of this form.

Student Name

Date

Signature

ASO OFFICE USE ONLY

Date Received

ASO Staff