



2200 BONFORTE BOULEVARD
PUEBLO COLORADO 81001-4901

VOICE: 719 549-2648
FAX: 719 549-2195

Disability Resource & Support Center
Application for Accommodations

Students requesting accommodations at Colorado State University-Pueblo must complete and return this form to the Disability Resource & Support Center with any relevant documentation of a disability. The information requested is necessary to assist you with appropriate support services at the University.

Date of Application: _____

Applicant Contact Information

Name: _____ PID #: _____

Phone: _____ Alternate Phone: _____

E-Mail Address: _____

Permanent Address: _____

Local (CSU-Pueblo) Address: _____

Preferred Method of Contact: ☐ Mail ☐ Phone ☐ Email

Emergency Contact Information

Name and Relationship: _____

Phone: _____ Alternate Phone: _____

Disability Information

Have you ever been tested for or diagnosed with a disability? ☐ Yes ☐ No

If yes, when (approximate date[s]): _____

Describe your disability: _____

Which of the following general areas impacts your disability? **Select all that apply.**

- ☐ Attendance/Class Participation
- ☐ Communication
- ☐ Note-taking
- ☐ Testing

- ☐ Textbooks
- ☐ Housing
- ☐ Other: _____

All information provided on this form will remain confidential.

What specific services, adjustments, and/or accommodations are you seeking from the DRSC?

Are you currently receiving services from:

Colorado Division of Vocational Rehabilitation? ☐ Yes ☐ No

Veterans Vocational Rehabilitation? ☐ Yes ☐ No

If yes, please provide your counselor's name, and contact information: _____

Educational Information

Major: _____

Are you a transfer student? ☐ Yes ☐ No Institution: _____

Did you receive support services? ☐ Yes ☐ No

If yes, describe the types of services you received: _____

Did you receive support services in High School? ☐ Yes ☐ No

High School Name: _____ Date of Graduation (Year): _____

If yes, describe the types of services you received: _____

Demographic Information (Optional; information volunteered is used for DRSC research purposes only.)

Please describe your gender identity: _____

Do you identify as Hispanic or Latinx? ☐ Yes ☐ No

Race (select all that apply):

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

☐ Asian

☐ Caucasian

☐ Black or African American

Are you an international student? ☐ Yes ☐ No

Do you currently serve in the U.S. Armed Forces, or have you served in the past? ☐ Yes ☐ No

Are you a first-generation student (neither legal guardian earned a bachelor's degree)? ☐ Yes ☐ No



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Disability Resource & Support Center
Informed Consent to Release Information

I, _____ PID# _____,

hereby authorize the Disability Resource & Support Center to discuss either in writing or orally, my academic accommodations with appropriate administrators, instructors, professors, third-party service providers (medical personnel, diagnosticians, vocational rehabilitation counselors, vendors, etc.), student assistants, and other persons deemed necessary by the Disability Resource & Support Center staff for the purpose of providing and/or coordinating academic services for me with Colorado State University-Pueblo.

I would like to add the following person(s) to this release: _____

With the following restrictions: _____

The consent may be withdrawn at any time except when action has already been taken to comply with this consent.

Student Signature

Date

Current Address: _____

Phone: _____ Alternate Phone: _____