

Columbia College Chicago  
Information Sheet for Students with Disabilities

Name: \_\_\_\_\_ OASIS ID#: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Today's date (include year): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Major(s): \_\_\_\_\_

Email: \_\_\_\_\_

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Please check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> AIDS/HIV                           | <input type="checkbox"/> Hard-of-Hearing                      |
| <input type="checkbox"/> Attention Deficit Disorder         | <input type="checkbox"/> Learning Disability                  |
| <input type="checkbox"/> Alcoholism (seeking treatment)     | <input type="checkbox"/> Multiple Sclerosis                   |
| <input type="checkbox"/> Cancer                             | <input type="checkbox"/> Muscular Dystrophy                   |
| <input type="checkbox"/> Cerebral Palsy                     | <input type="checkbox"/> Orthopedic, or Speech Problems       |
| <input type="checkbox"/> Diabetes                           | <input type="checkbox"/> Psychological/Psychiatric Disability |
| <input type="checkbox"/> Drug Addiction (seeking treatment) | <input type="checkbox"/> Visual Impairment                    |
| <input type="checkbox"/> Epilepsy                           | <input type="checkbox"/> Other (Please describe) _____        |
| <input type="checkbox"/> Heart Disease                      | _____   |

Please be aware that some of the above conditions (e.g. HIV, Diabetes) do not in and of themselves constitute disabilities unless accompanied by related conditions that substantially limit a student's ability to perform one or more major life activities

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- In the event of an emergency, do you require assistance in evacuating the building?

Circle: \*YES      NO

(\*If you circle YES, please deliver a copy of your class schedule to Services for Students with Disabilities)

- Please describe what accommodations you are requesting in your classes or on campus. These are subject to the approval of Services for Students with Disabilities and Conaway Achievement Project staff.

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- Who should be contacted in case of an emergency?

Name(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

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I give permission for the Conaway Achievement Project (CAP) staff, the Services for Students with Disabilities (SSD) staff, and/or the Interpreting Services (IS) staff to disclose and receive information concerning the nature of my CAP/SSD/IS eligibility and my academic progress. This privilege will be exercised on an as-needed basis with Columbia College Chicago faculty and staff that are deemed appropriate by CAP/SSD/IS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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YOU WILL NEED TO PROVIDE A COPY OF YOUR DISABILITY DOCUMENTATION TO SSD. PLEASE MAKE SURE THAT YOUR DOCUMENTATION COMPLIES WITH ALL THE GUIDELINES SET FORTH BY COLUMBIA COLLEGE CHICAGO (<http://www.colum.edu/student-life/conaway/docubullets.htm>). PLEASE SEE THE SSD STAFF WITH ANY QUESTIONS REGARDING THE DOCUMENTATION GUIDELINES.