To be considered for academic accommodation at the University of Regina, a student must:
1. Complete this intake form. Accommodations are authorized on a case-by-case basis after completing all aspects of registration with the Centre for Student Accessibility.
2. Provide the Centre for Student Accessibility with appropriate and recent documentation of disability, illness, or injury.

### Student Information

<table>
<thead>
<tr>
<th>Name: ___________________________</th>
<th>Student ID#: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: _________________________</td>
<td></td>
</tr>
<tr>
<td>City: ___________________________</td>
<td>Province: ___________</td>
</tr>
<tr>
<td>Home Phone: _____________________</td>
<td>Cell Phone: ___________________________</td>
</tr>
<tr>
<td>uregina email address: ___________</td>
<td>Alternate email: _______________________</td>
</tr>
</tbody>
</table>

### Diagnostic Information

Please check all that apply:
- [ ] AD/HD
- [ ] Learning Disability
- [ ] Chronic Illness
- [ ] Other ____________________________

Supporting Documentation:
- Psych-Ed Assessment: Assessor: ____________ Date: ____________
- Doctor’s Letter: Physician: ____________ Date: ____________
- CSA Verification Form: Completed by: ____________ Date: ____________

What barriers do you feel are present in your learning environment?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

### Program Information

Have you been accepted into a program?  [ ] Yes  [ ] No
Are you registered at:  [ ] UofR  [ ] FNUC  [ ] Luther  [ ] Campion

Previous Post-Secondary attendance: ______________________________________________________

List accommodations received: _________________________________________________________
Staff at the University of Regina’s Centre for Student Accessibility agree to keep all information you share with us in the strictest of confidence. Under the Privacy Act and LAFOIPOP we are unable to disclose any information without signed consent. However, we are required, by law to disclose any information in the following situations: when we become aware of current child welfare issues; assessment of danger to self or other; or when otherwise legally required to do so.

I, (print name) _____________________, have read the above statement of Confidentiality and fully understand it’s terms and conditions.

_____________________________________       ___________________________________  
(Signature)            (Date)

Consent to Collect and Release Information

I, (print name) ________________________________, hereby give permission to the Centre for Student Accessibility at the University of Regina to speak with the assessor listed on the documentation I’ve provided (i.e., physician, psychologist, etc) to share and collect personal information regarding my educational and medical history related to my disability. I understand that in order for the University to determine and provide appropriate accommodations, it is necessary for me to provide all relevant information concerning my disability, including any assessments or reports. I consent to the release of information regarding my approved accommodations to my faculty and other appropriate university personnel on a need-to-know basis.

_____________________________________       ___________________________________  
(Signature)            (Date)

Parent/Guardian Involvement

I give permission to the Centre for Student Accessibility to discuss my academic and non-academic accommodations with my parents/guardians:  □ Yes  □ No

Name of Parent/Guardian: ________________________________

_____________________________________       ___________________________________  
(Signature)            (Date)

Collaborative BSc Nursing Students ONLY

I understand that in order to receive services at both the University of Regina and Sask Polytech I will need to register at both institutions, and hereby give permission to the Centre for Student Accessibility to share information regarding my registration with Sask Polytech in order to ensure consistent support throughout my time registered in the Collaborative Nursing program.

_____________________________________       ___________________________________  
(Signature)            (Date)