



WELCOME FORM

ACCESSIBILITY RESOURCE CENTER

Date: _____

Our goal is to remove barriers that exist in the college environment so that students with disabilities will have a level playing field and an equal opportunity to fully participate in all courses, programs and services that UNM provides. We remove the barrier by providing what is called a reasonable accommodation, which makes a small adjustment to the learning environment by modifying a nonessential element of a University program. This form will be used to register with the Accessibility Resource Center (ARC) in order to receive appropriate support for your disabilities while attending University of New Mexico – Gallup.

Students requesting services must provide documentation that includes a disability diagnosis. Disability documentation typically comes from a school, a medical or mental health provider, a vocational rehabilitation agency, an evaluator such as an educational diagnostician, a neuropsychologist or by a licensed practitioner (See the second page of the document for examples). Student will meet with Shana Arviso, Accommodations Specialist to discuss what barriers the student has encountered in the academic environment related to the disability and determine reasonable accommodations that will remove the barriers to give the student equal access to their courses.

PERSONAL INFORMATION:

Name (Last): _____, (First): _____ (MI): _____

Banner ID #: _____ UNM Net ID (E-mail): _____@unm.edu

DOB: _____ Gender Identification: Male Female

Address (Permanent): _____ City, State: _____ Zip: _____

Phone: _____ Cell: _____ Message: _____

Emergency Contact Information:

What is the best way to reach you? Cell Home Email

How did you find out about ARC?

Faculty List Name: _____ Internet List Site: _____

Staff List Name: _____ Agency List Name: _____

Student/Friend Other: _____

ACADEMIC DATA:

Name of Major: _____ Certificate AAS AA AS BA/BS

Why I chose this Major: _____

My goal for next 6 months: _____

Goals for next 1-2 years: _____

Goals for next 3-5 years: _____

Current Academic Status: Freshman Sophomore Junior Senior Graduate

Have you ever been diagnosed with a disability? Yes No

If YES, please specify your disability:

If No, please describe any problems you had in school:

Counselor/Caseworker Information (if applicable):

Please list the name, address, and phone number of your state Vocational Rehabilitation Counselor (i.e. NM DVR, NM or AZ Commission for the Blind, etc.) of which you are a current client.

Name of Center: _____ Caseworker Name: _____

Address: _____ Phone Number: _____

Name of Center: _____ Caseworker Name: _____

Address: _____ Phone Number: _____

Accommodation History – Past Educational Accommodations:

Please list and identify the school(s) and dates attended where accommodation were issued:

List any past Special Education/Disability Services or Classroom Accommodations:

List any past Learning/Educational Issues:

I, _____ (Print Name) the underlined, authorize the above named Office or School to contact UNM-G ARC to share information pertaining to my accommodations for the purpose of coordinating appropriate support services and determining any necessary academic adjustments.

Student Signature: _____ **Date:** _____

Examples of professionals who can supply appropriate documentation of disability:

Licensed Practitioner:	What they each can diagnose
• Educational Diagnostician	→ Learning Disabilities
• Psychologist/Psychiatrist	→ Learning Disabilities, ADD/ADHD, Psychological/Brain injury
• Audiologist, Otolaryngologist (ENT)	→ Deaf/ Hard of Hearing, Hearing Disorder
• Physician, Ophthalmologist	→ Physical/Blind/Low Vision or other health condition/impairment

Updated 1/26/2023 sa

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