



WELCOME FORM

ACCESSIBILITY RESOURCE CENTER

Date: _____

This Form is for registering 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 also provide documentation of a disability. This means that you must provide an updated and appropriate diagnosis of your disability in the form of a detailed report of the diagnosis from a licensed practitioner (See the second page of the document for examples). Your diagnosis with your needs will be discussed between you and Mrs. Mary Lou Mraz, Student Success Specialist (GH1127).

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/ADAH, Psychological
• Audiologist, Otolaryngologist (ENT)	→ Hearing Disorder
• Physician	→ Physical or other health impairment, AAD/ADHD

Updated 8/13/2019 cj for mlm

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