

THE  
UNIVERSITY  
OF RHODE ISLAND

DIVISION OF STUDENT AFFAIRS  
DISABILITY SERVICES FOR STUDENTS (DSS) / OFFICE OF STUDENT LIFE

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

URI Student ID #: \_\_\_\_\_ E-campus Login ID: \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ Ethnicity: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Semester of Entry at URI: \_\_\_\_\_

Are you: Undergraduate: \_\_\_ Graduate: \_\_\_ Non-matriculating: \_\_\_

Local/Campus Address: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Permanent Phone: \_\_\_\_\_ Are you: Full-time: \_\_\_ Part-time: \_\_\_

E-mail Address: \_\_\_\_\_

Have you provided documentation yet?: Yes: \_\_\_ No: \_\_\_

**What type of documented disability do you have?: (check all that apply) NOTE: We require documentation of disability for you to receive accommodations.**

Visual: \_\_\_

Hearing: \_\_\_

Physical: \_\_\_

Mental Health: \_\_\_

Head Injury: \_\_\_

ADHD: \_\_\_

Learning \_\_\_

Autism Spectrum \_\_\_

Chronic Health \_\_\_

Other (write in): \_\_\_\_\_

**Do you have a scholarship?:** Centennial: \_\_\_ Athletic: \_\_\_ Talent Development: \_\_\_  
DePace: \_\_\_ Other: \_\_\_

**Academic College/Department/Major:** \_\_\_\_\_