

RADFORD UNIVERSITY

Center for Accessibility Services

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Radford, VA 24142

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Student Registration Form

Demographic Data

Name: _____ Date: _____
Last First MI

RU ID#: _____ Birth Date: _____ Gender: _____

Local Address: _____
Residence Hall Room #

_____ *Street City State Zip Code*

Permanent Address: _____
Street City State Zip Code

Phone #: _____ RU E-mail: _____

Veteran of the Armed Forces?

☐ Yes ☐ No

Student Status

Indicate class standing:

☐ Freshman ☐ Junior ☐ Transfer Other: _____
☐ Sophomore ☐ Senior ☐ Graduate

Which campus site attending?

☐ Roanoke Higher Education Center Campus
☐ Radford Campus
☐ Other: _____

Full Time: ☐ Part Time: ☐ Major: _____ Minor: _____ Current GPA: _____

Anticipated Date of Graduation: _____

In the event of a campus emergency, do you:

- ☐ have a mobility concern that would require an emergency responder?
☐ need an emergency responder for medical transport to a hospital to receive time sensitive medications for a current medical condition?

If changes are needed or students are unsure, contact a Disability Services Specialist.

Disability Information

1. State disability/medical condition:

2. Describe how the disability/medical condition impacts the educational environment.

Types of Support Services/Accommodations

Support Services & Accommodations	Previously Received (please describe)	Desired at Radford University (please describe)
Assistive Technology (e.g. assistive listening device, recording device, laptop)		
Alternate Texts (books on cd, braille, enlarged text)		
Note Taking Services		
Exam Accommodations (e.g. extended time, reduced distraction, use of reader or dictation software)		
Housing Accommodations (MUST complete Request for Housing Accommodations form)		
Sign Language Interpreting Services/ Computer Aided Realtime Translations (CART)		
Closed Captioning/ English Subtitles		
Reduced Course Load (Less than full-time)		
Any other information you would like to share:		

Functional Limitations

Indicate the level of impact on applicable major life activities due to the diagnosis(es).

Life Activity	No Impact	Moderate Impact	Substantial Impact	Don't Know
Attending Class				
Breathing				
Calculating				
Caring for Oneself				
Concentrating				
Eating				
Hearing				
Interacting w/others				
Learning				
Lifting/Carrying				
Making/Keeping Appointments				
Managing Distractions				

Life Activity	No Impact	Moderate Impact	Substantial Impact	Don't Know
Meeting Deadlines				
Memorizing				
Organization				
Performing Manual Task				
Reaching				
Reading				
Seeing				
Sitting				
Sleeping				
Spelling				
Stress Management				
Taking Exams				
Talking				
Thinking				
Walking/Standing				
Working				
Writing				
Additional information:				

Center for Accessibility Services (CAS) Records Policy:

Files for Registered Students will be stored for five (5) years from the last date of service, after which the information will be purged, without further notification. It is the student's responsibility to obtain a copy of CAS file upon departure from Radford University.

Acknowledgement:

I have access to the Center for Accessibility Services Student Handbook at www.radford.edu/cas and I will adhere to the CAS policies and procedures.

I understand to complete the registration process I must provide documentation from a treating professional and conduct an interview with a Disability Services Specialist.

Student Signature: _____ Date: _____