



SIENA

OFFICE OF ACCESSIBILITY

STUDENT REGISTRATION FORM

Please complete this form in its entirety. Information provided is confidential and only shared with your permission. Submit this form along with the Authorization for Information Release and current documentation of your disability. An intake meeting is required to complete the Registration Process.

Name _____ Date _____

Student ID _____ Birth Date _____

Home Address _____ Campus Address _____

Class Year _____ Major _____

Did you transfer to Siena, if so from where? _____

Please list your diagnosed disabilities:

Please list the major life activities affected by your diagnosis:

Accommodations/services requested at Siena University:

Have you received accommodations in the past? _____

If so, what accommodations did you receive?

Please identify any other conditions(s) that you would like the office to know:
