



**SHAW**  
**UNIVERSITY**  
Celebrating Excellence Since 1865

Counseling Center

## SELF-IDENTIFICATION FORM FOR STUDENTS WITH DISABILITIES

As an applicant to Shaw University, I request that the Shaw University Counseling Center become aware of my disability. I also request that this information remain Confidential until I have completed the necessary documentation to receive disability services if necessary.

Please note that we will require that you provide current (not older than 3 years) documentation of your disability and clear recommendations for accommodations and services from your professional care provider before you will be able to receive services.

If you have limitations but have not been given a formal diagnosis, please obtain this information before meeting with the Counseling Center. Please return this form to the Counseling Center in a sealed envelope.

Description of Disability (temporary or permanent): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of current documentation of disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CONTACT INFORMATION

\_\_\_\_\_

Last Name

First Name

Middle

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City

State

Zip

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Signature

Date