

Application For Services

Student Ability Success Center • San Diego State University

5500 Campanile Drive San Diego, CA 92182-4740

sascinfo@sdsu.edu | Telephone: (619) 594 – 6473 | Fax: (619) 594 – 4315

How did you learn about Student Ability Success Center?

- Self – I received services in high school or community college
- Self – I never received services before and researched where I could get help
- Professor or staff member recommended
- SDSU-sponsored event (i.e. Explore SDSU, New Student Orientation, etc.)
- Other referral source: _____

Name Last First Red ID

Gender Female Trans female/trans woman
 Male Gender queer/gender non-conforming
 Trans male/trans man Different identity

Birthdate mm/dd/yyyy E-mail Address

Mailing Address Number Street City State Zip Code

Home Phone # Cell Phone #

Student Status (check one):

- Continuing SDSU student; Class Level _____
- Incoming SDSU student for (semester) _____ (year) _____
If transfer student, where are you transferring from? _____
- Registered through Extended Studies
- Registered through Open University
- Registered through the American Language Institute (ALI)

Are you an international student? Yes No
Are you an active client of the CA Department of Rehabilitation? Yes No
Are you on active military duty? Yes No
Are you a military dependent? Yes No
Are you a veteran? Yes No
If a veteran, is your disability service-related? Yes No
If a veteran, are you using Vocational Rehabilitation Services from VA? Yes No
Are you registered to vote? Yes No

Please describe your disability: _____



SAN DIEGO STATE UNIVERSITY

Student Ability Success Center
CONFIDENTIALITY AND RELEASE OF INFORMATION PROCEDURE

OUTSIDE OF SDSU: Your right to privacy and confidentiality is a high priority at Student Ability Success Center (SASC). The Family Educational Rights and Privacy Act (FERPA) is a law that protects students' educational records and prevents the improper disclosure of these records outside of the university. In order for your records to be shared, FERPA requires that you sign a consent to release information (a "release") and specify the individual or organization outside the university to whom you are authorizing the release of records.

SASC may be required by law to release medical, disability and other information without your signed consent in the following situations: abuse or neglect of a child, elder or dependent adult, immediate danger of harm to self or others, or court order.

WITHIN SDSU: FERPA allows SASC to share information with, and/or obtain information from other SDSU departments, instructors or professionals who have a legitimate educational need to know. However, under no circumstances will SASC disclose your diagnosis(es) or share your documentation from a third party medical or psychological provider to individuals at SDSU without your written permission.

Only information that SASC deems appropriate may released within SDSU without your written consent, and only for the following legitimate educational reasons:

- To assess a student's need for accommodations, services and referrals
To provide appropriate accommodations, services and referrals
To advocate on a student's behalf, when requested
To comply with University and CSU reporting requirements

For the reasons above, information about accommodations or disability-related services may be shared with SDSU professionals including, but not limited to, those in the Division of Student Affairs, Academic Affairs, Enrollment Services, and the Office of Housing Administration. Such disclosure is individualized and done when it is in the best interest of the student. While Enrollment Services will receive ID numbers for students who receive priority registration as an accommodation, NO record of disability appears on any academic transcript or permanent document maintained by Enrollment Services.

If you have questions or concerns regarding your privacy or the limits of confidentiality, we encourage you to discuss these with your SASC counselor.

I (print name) _____ have read & understand the SASC Confidentiality & Release of Information Procedure.

Student's Signature (in ink): _____

Date: _____

SASC Staff Only
Reviewed with Student by: _____ Date _____