WELCOME FORM
ACCESSIBILITY RESOURCE CENTER

Our goal is to remove barriers that exist in the college environment so that students with disabilities will have a level playing field and an equal opportunity to fully participate in all courses, programs and services that UNM provides. We remove the barrier by providing what is called a reasonable accommodation, which makes a small adjustment to the learning environment by modifying a nonessential element of a University program. This form will be used to register with the Accessibility Resource Center (ARC) in order to receive appropriate support for your disabilities while attending University of New Mexico – Gallup.

Students requesting services must provide documentation that includes a disability diagnosis. Disability documentation typically comes from a school, a medical or mental health provider, a vocational rehabilitation agency, an evaluator such as an educational diagnostician, a neuropsychologist or by a licensed practitioner (See the second page of the document for examples). Student will meet with Shana Arviso, Accommodations Specialist to discuss what barriers the student has encountered in the academic environment related to the disability and determine reasonable accommodations that will remove the barriers to give the student equal access to their courses.

PERSONAL INFORMATION:

Name (Last): ____________________, (First): ______________________________ (MI): _______
Banner ID #: ______________________, UNM Net ID (E-mail): ________________________@unm.edu
DOB: ______________________________, Gender Identification: Male ☐ Female ☐
Address (Permanent): ______________________________, City, State: ________________, Zip: __________
Phone: ___________________________, Cell: ___________________________, Message: _______________________

Emergency Contact Information:
____________________________________________________________________________________________

What is the best way to reach you? ☐ Cell ☐ Home ☐ Email

How did you find out about ARC?
☐ Faculty List Name: ____________________________ ☐ Internet List Site: ____________________________
☐ Staff List Name: ______________________________ ☐ Agency List Name: ____________________________
☐ Student/Friend ☐ Other: __________________________

ACADEMIC DATA:

Name of Major: ______________________________ Certificate ☐ AAS ☐ AA ☐ AS ☐ BA/BS
Why I chose this Major: _________________________________________________________________

My goal for next 6 months: ______________________________________________________________
Goals for next 1-2 years: ________________________________________________________________
Goals for next 3-5 years: ________________________________________________________________

Current Academic Status: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate

Have you ever been diagnosed with a disability? ☐ Yes ☐ No

If YES, please specify your disability:
________________________________________________________________________________________

If No, please describe any problems you had in school:
Counselor/Caseworker Information (if applicable):

Please list the name, address, and phone number of your state Vocational Rehabilitation Counselor (i.e. NM DVR, NM or AZ Commission for the Blind, etc.) of which you are a current client.

Name of Center: ___________________________  Caseworker Name: ___________________________
Address: _________________________  Phone Number: _________________________

Name of Center: ___________________________  Caseworker Name: ___________________________
Address: _________________________  Phone Number: _________________________

Accommodation History – Past Educational Accommodations:

Please list and identify the school(s) and dates attended where accommodation were issued:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

List any past Special Education/Disability Services or Classroom Accommodations:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

List any past Learning/Educational Issues:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

I, ______________________________(Print Name) the underlined, authorize the above named Office or School to contact UNM-G ARC to share information pertaining to my accommodations for the purpose of coordinating appropriate support services and determining any necessary academic adjustments.

Student Signature: ___________________________   Date: _______________________

Examples of professionals who can supply appropriate documentation of disability:

<table>
<thead>
<tr>
<th>Licensed Practitioner:</th>
<th>What they each can diagnose</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Educational Diagnostician</td>
<td>→ Learning Disabilities</td>
</tr>
<tr>
<td>• Psychologist/Psychiatrist</td>
<td>→ Learning Disabilities, ADD/ ADHD, Psychological/Brain injury</td>
</tr>
<tr>
<td>• Audiologist, Otolaryngologist (ENT)</td>
<td>→ Deaf/ Hard of Hearing, Hearing Disorder</td>
</tr>
<tr>
<td>• Physician, Ophthalmologist</td>
<td>→ Physical/Blind/Low Vision or other health condition/impairment</td>
</tr>
</tbody>
</table>

Updated 1/26/2023

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