

## Campus Disability Resource Center

### Student Accommodation Registration Form

Students who wish to begin the accommodation process must complete this form. Should you need assistance completing this form, contact the Campus Disability Resource Center at (707) 826-4678 or email [CDRC](#)<sup>1</sup>.

\*Indicates required field

First Name: \*

Last Name: \*

Humboldt ID#: \*

Humboldt email: \*

**Program Registration:** By completing and submitting this form I am registering as a student within the Campus Disability Resource Center (CDRC) program, and as a result, I will periodically receive emails and other notifications from CDRC regarding important deadlines, campus events, employment, etc. \*

**Accommodations:** I authorize the CDRC staff to advise university administration, faculty, and staff on how to implement requested reasonable accommodations to support my disability and for which I am eligible to receive. I understand I am responsible for the following: \*

- Affirming with my Accessibility Advisor that I am actively enrolled at Humboldt each semester;
- Reviewing my accommodations with my Accessibility Advisor for the upcoming or current term of enrollment;
- Reviewing the accommodation notifications that are sent to my faculty every semester to ensure they are up-to-date;
- Notifying my Accessibility Advisor of any change in my courses each semester (add/drop);
- Meeting and confirming with my faculty member that they have received and understand my accommodations;
- Notifying CDRC if I have withdrawn from a term or have taken a leave of absence; and,
- Informing CDRC if there are changes to my current diagnoses (this may require an appointment).

**Consultation:** I understand that if there are any questions or concerns regarding the nature or implementation of my accommodations, a faculty member may speak to my Accessibility Advisor. \*

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<sup>1</sup> Campus Disability Resource Center (CDRC) email: [student504@humboldt.edu](mailto:student504@humboldt.edu)

**Appeal Process:** I understand that I may use or be asked to engage in the university's defined Student Accommodation Appeal Process as a means to resolve accommodation concerns. \*

**Confidentiality:** I understand that the disability-related information I provide to the Campus Disability Resource Center (CDRC) at Cal Poly Humboldt is kept strictly confidential and will not be disclosed by the CDRC, except in support of my accommodations. Any information regarding a disability is considered confidential and will be shared only with others within the university who have a legitimate educational interest. This information is protected by the Family Educational Rights and Privacy Act (FERPA). Information in CDRC files will be not released except in accordance with federal and state laws or with my expressed written authorization to release information. \*

**Health and Safety:** I authorize the CDRC staff to consult with university administration, faculty, and staff on a need-to-know basis, in the event a health and safety issue occurs that is related to, or which affects, my disability. \*

Signature: \*

Date: \*