



**COLLEGE of
SAINT ELIZABETH**

**Disability Services
Self-Identification Form**

Please print all information in a legible manner.

Name: _____

DOB: _____

Student Id.No. _____

Home Address: _____

Residence Hall: _____

Room Number: _____

Home Telephone: _____

Cell telephone: _____

Email address: _____

Date of initial identification: _____

Major: _____

Advisor: _____

Check the following:

Residence: Reside on campus _____
Commuter _____

Class: Freshman _____
Sophomore _____
Junior _____
Senior _____
Graduate _____

Optional Ethnicity: African American _____
Asian American _____
Caucasian _____
Hispanic or Latino _____
Mexican American _____
Native American or
Alaskan Native _____
Native Hawaiian or
Pacific Islander _____
Other _____