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
☐ Male
☐ Trans female/trans woman
☐ 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: ____________________________________________

__________________________________________

Please continue on back

September 2019
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 _________