

UNIVERSITY OF NORTH TEXAS
OFFICE OF DISABILITY ACCOMMODATION

Student Information Sheet

[Please Print]

Personal Information

Date: _____

Name: _____ Student ID: _____

Local Address:

Permanent Address (Home):

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Tel.: _____

Tel.: _____

Cell Phone: _____ Email: _____

Emergency Contact Person: _____

Emergency Telephone: _____

Sex (M/F): _____ Birth Date (MM/DD/YYYY): _____

Ethnicity: (please circle one)

African American Asian/Pacific Islander Hispanic Native American White other

Academic Information

Classification: _____ Transferring from: _____

College: _____ Major: _____
(i.e. Arts & Science or College of Business)

Campus: _____ GPA: _____
(i.e. Denton/Dallas/LD)

Degree Plan: _____ Residence Status: (please circle one)
(i.e. Bachelors, Masters, or Certification) Resident Non-resident International