

How to submit your Information Form

Filling out the Information Form electronically

1. Ensure 'Adobe Acrobat Reader' is present on the computer
2. Download the DSS Information Form attachment from your email
3. Fill out the form
4. Save the form
5. Email to prdss@erau.edu with the subject "Information Form: (your Student ID Number) OR (Last name, first name)"

Filling out the Form by hand (electronic return)

1. Print the form
2. Fill out the form
3. Scan the form into a computer
4. Attach the form to an email to prdss@erau.edu with the subject "Information Form: (your Student ID Number) OR (Last name, first name)"
5. If you do not have a scanner:
 - a. Download the free 'Office Lens' app onto your phone
 - b. Open the Office Lens app
 - c. Press 'Document' to take a photo of page 2 and 'Done' when complete
 - d. In 'Export To', find 'Share To' and 'Mail'
 - e. Email to prdss@erau.edu with the subject "Information Form: (your Student ID Number) OR (Last name, first name)"

Filling out the Form by hand (manual return)

1. Print the form
2. Fill out the form
3. Return to DSS (Bldg. 43, Room 109) between the hours of 8:30 a.m. and 4:30 p.m. Monday -Friday

Disability Support Services Information Form

Personal Information

First Name: _____ Last Name: _____ Middle Initial: _____
Student ID: _____ Date of Birth: ____/____/____ Today's Date: _____
Gender & Preferred Pronouns: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Campus Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____
Email Address (Home/ERAU): _____
Are you a veteran? Yes: No: Will you be employed during the school year? FT: PT: No

Educational Background

High schools attended: _____ Did you have an IEP? Yes: No:
Colleges attended: _____ Who is your academic advisor? _____
Education/career goals (ERAU Major): _____

Disability History

Has your disability been evaluated? Yes: No: Month & Year of Evaluation: _____
If no, have you scheduled an evaluation with a licensed provider? Yes: No:
Nature of Disability & Related Meds:

Please list activities or tasks of life and learning that are affected:

What steps are you taking to manage your disability? What prior accommodations have been helpful?

