

# REGISTRATION FORM FOR DISABILITY SERVICES

If you have any questions about this form, please contact Disability Services via **0800 MASSEY** (0800 627 739) or e-mail us at **disinfo@massey.ac.nz**. Adobe's free Reader program will allow you to save this form, if you complete it on-screen.

Student ID:

Address: \_\_\_\_\_

Surname: \_\_\_\_\_ Suburb: \_\_\_\_\_

First name(s): \_\_\_\_\_ Town/city: \_\_\_\_\_ Postcode: \_\_\_\_\_

Birth date: Day  Month  Year

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**This form must be accompanied by a medical certificate or appropriate supporting documentation** about the disability you identify below eg a cognitive and educational assessment report is required for a specific learning disability. Registration forms received without this information will be returned to you with a request for the missing information.

Please specify your Impairment/Disability/Medical condition(s):

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## AREA(S) OF CONCERN

These are some of the more common areas where different health or disability issues can impact on study. Please identify any areas of concern and this will inform discussion with Disability Services.

- Accessibility / getting around campus
- Accessing online resources
- Accessing print material
- Accessing specialist equipment / assistive software
- Communicating with lecturers
- Guidance on applying for alternative test and exam arrangements\*
- Hearing in lectures / classes
- Keeping on track with study
- Managing full-time study
- Meeting assignment deadlines
- Participating in classes / labs
- Taking notes in lectures
- Writing / structuring assignments
- No barriers anticipated

\* Assessment Services (**exams@massey.ac.nz**) is responsible for approving alternative examination arrangements. The Alternative Exam Arrangements webpage (**massey.ac.nz/?aa8e44801s**) has more information on the application process and deadline.

Please detail any concerns you may have that are not covered under Area(s) of Concern.

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## CONFIDENTIALITY

Massey University undertakes to protect the confidentiality of personal information which you provide as part of your enrolment, in accordance with the provisions of the Privacy Act 1993. The uses and protection of personal information are specified in the declaration on your Enrolment Application.

Date signed: Day  Month  Year

Student signature: \_\_\_\_\_

Please return this form **with supporting information** to **disinfo@massey.ac.nz** or post to:

**Disability Services**  
**Centre for Teaching and Learning**  
**Massey University**  
**Private Bag 11 222**  
**Palmerston North 4442**