

Dear New Law Student:

Congratulations upon your acceptance to Santa Clara University and welcome to the Santa Clara campus community. I hope that your time here will be of great value to you now and in years to come.

We want to assure you that Santa Clara is committed to the principles of equal opportunity for all students. The University admits students of any race, sex, color, creed, religion, national and/or ethnic origin, age, marital status, sexual orientation, veteran's status, or disability.

If you have a disability and wish to identify it, please complete the form below. We will then contact you regarding the services provided on campus for students with disabilities. We will make every effort to eliminate any barriers to your learning or to your mobility. Please be advised that the information you furnish to Disabilities Resources will remain confidential and will be used only to provide any support services you may need. Completing the form is entirely voluntary, and it is at your discretion to choose not to identify yourself as having a disability.

**In order to ensure accommodations will be in place for fall semester, students should start the disability registration process by returning the completed form below no later than July 13<sup>th</sup>, 2011** to Santa Clara University Disabilities Resources, Benson 216, Santa Clara, CA 95053. If you should have any questions or concerns, do not hesitate to call (408) 554-4109 or email us at the addresses below. Information is also available on our website, [www.scu.edu/advising](http://www.scu.edu/advising).

Sincerely,

Ann Ravenscroft  
Co-Director, Disabilities Resources  
eravenscroft@scu.edu

Jan McAlister  
Co-Director, Disabilities Resources  
jmc alister@scu.edu

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**DUE BY JULY 13<sup>th</sup>, 2011**

If you wish to identify a disability, please complete the following and return to Disabilities Resources:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Disability (check as appropriate):

Learning disability

Hearing disability

Visual disability

Mobility disability-ambulatory

Psychological disability

Other: \_\_\_\_\_

Mobility Disability-wheelchair

Chronic illness or condition

**Please do not send documentation with this form.**