

**ACADEMIC ACCESS & DISABILITY RESOURCES  
DAVIDSON COLLEGE – CENTER FOR TEACHING & LEARNING  
CONFIDENTIAL INFORMATION SHEET**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_ **Date:** \_\_\_\_\_

**ID #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Residence Hall/Off Campus Address:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Preferred Pronouns:** \_\_\_\_\_ **Roommate(s):** \_\_\_\_\_

**GPA:** \_\_\_\_\_ **Major:** \_\_\_\_\_ **Class:** Fr  Soph  Jr  Sr

**Extracurricular Activities:** \_\_\_\_\_

**Are you a student athlete?** Yes  No

If so, which sport(s) do you play? \_\_\_\_\_

**Are you currently employed?** Yes  No

If so, who is your employer? \_\_\_\_\_ **Hours/Week:** \_\_\_\_\_

**Are you an international student?** Yes  No

If yes, what is your home country? \_\_\_\_\_

**Which of the following best describes your racial and ethnic identity?** (Check all that apply)

African American or Black  Asian American or South Asian American  Caucasian or White

Latin American  Native American, American Indian or Native Hawaiian  Multiracial

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

**Are you the first person in your family to attend college?** Yes  No

**Did you participate in the following?** KIPP  Posse  Quest Bridge  Stride

**Parent/Guardian name(s):** \_\_\_\_\_

**Home (City & State):** \_\_\_\_\_

**Referred by:** \_\_\_\_\_ Self  Faculty/Staff  Family  Friend

**Reason for visit:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Confidentiality:** Full confidentiality is maintained by all staff members in the Office of Academic Access and Disability Resources and by the Dean of Students Office and ADA Coordinator.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_