INDIANA UNIVERSITY - PERSONAL PROFILE FORM (PSA)

Check type of appointment: ☐ Academic (Includes Resident Interns) ☐ Staff

Legal Name: _____
Last First Middle

Social Security Number: _____-_____-_____

Indiana University takes affirmative action to hire and promote persons with disabilities pursuant to section 503 of the Rehabilitation Act of 1973. If you are a person with a disability and wish to be considered under our affirmative action plan you may identify yourself as such by answering the questions below. Completing this form is strictly voluntary and the specific information requested is intended for use solely in connection with our affirmative action plan. Failure to answer these questions will have no negative impact on your employment. The information you provide will be kept confidential in accordance with the Americans with Disabilities Act.

For the purposes of our affirmative action plan a person with a disability is anyone who has a physical or mental impairment that substantially limits one or more major life activity as defined in the Americans with Disabilities Act.

Are you a person with a disability as described above?
Yes____
No____

If you answered yes to the above, do you wish to be considered in our affirmative action program?
Yes___
No___

Signature_____ **Date**_____

Departments: Academic appointment forms are submitted to the Campus Academic Affairs Office. Staff and hourly appointment forms are submitted to the campus Human Resource Office.