

# Disability Services Application



## Semester Accommodations Requested

Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_ Summer I \_\_\_\_\_ Summer II \_\_\_\_\_

## Campus Enrolled

Newport \_\_\_\_\_ Marked Tree \_\_\_\_\_ Jonesboro \_\_\_\_\_ Online \_\_\_\_\_

## Personal Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

ASUN Email: \_\_\_\_\_@student.asun.edu

## Employment Information

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employment Hours Planned Per Week While Enrolled: \_\_\_\_\_ Hours Working Now: \_\_\_\_\_

## Parent/Guardian Contact Information

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Emergency Contact Information

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

## Rehabilitation Information

Rehabilitation Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

## Education

Graduated High School, High School GPA: \_\_\_\_\_  Earned GED Diploma, Date: \_\_\_\_\_

Current Year in School:  Freshman  Sophomore

ASUN Academic Advisor \_\_\_\_\_

**About Your Disability**

State specific disability, how diagnosed, describe problems and symptoms of the condition.

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How does your disability affect you during studying, taking exams, participating in class, etc.?

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What accommodations are you seeking?

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**Release of Information**

Check below who you give permission to discuss your disability and accommodations with:

Instructor(s)  Yes  No

Tutor(s)  Yes  No

Academic Support Center(s)  Yes  No

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

For Office Use Only	
Date Disability Verified: _____	
Verified by Whom: _____	_____
Name	Title

This form can be mailed, emailed, faxed, or presented in person to the following address:

ASU – Newport  
Cheryl Cross, Coordinator for Disability Services  
7648 Victory Blvd  
Newport, AR 72112  
Phone: (870) 512-7742  
Fax: (870) 512-7876  
Email: [disability\\_services@asun.edu](mailto:disability_services@asun.edu)