

**Application for Services  
Access & Accommodation Services  
Arkansas State University  
870-972-3964/TDD 870-972-3965**

*For Office Use Only ----Verification of Disability:*  
Date Disability Verified: \_\_\_\_\_  
Verified by Whom (Name & Title) \_\_\_\_\_

Date \_\_\_\_\_

New Student    Prospective Student   Anticipated semester of enrollment \_\_\_\_\_

Last name: \_\_\_\_\_ First: \_\_\_\_\_ Birth date: \_\_\_\_\_

ASU Student ID#: \_\_\_\_\_ SSN: \*\*\*\*\* E-mail address \_\_\_\_\_

Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Local Phone: \_\_\_\_\_ TDD: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

Employment hours planned per week while enrolled: \_\_\_\_\_ Hours working now: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents name: \_\_\_\_\_ Home phone number \_\_\_\_\_

In Emergency Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

First Semester attended ASU \_\_\_\_\_ Semester applying for assistance: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

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

ASU Counselor: \_\_\_\_\_ Academic Advisor \_\_\_\_\_

**EDUCATION**

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

Current year in school:    Freshman    Junior    Graduate School  
 Sophomore    Senior    High School Classification  
 Not currently in college

Hours completed at ASU: \_\_\_\_\_ Major: \_\_\_\_\_

Other colleges attended: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Hours completed at other schools: \_\_\_\_\_

**Amount of education planned:**

Classes only; no certificate or degree    Four year college degree  
 One to two year certificate program    Graduate or professional study beyond four years  
 Two year college degree

## ABOUT YOUR DISABILITY

What is your disability/disabilities and how would you describe each disability

**Primary Disability:** **Secondary Disability:**

- |  |  |
|--|--|
| <input type="checkbox"/> Hard of Hearing       | <input type="checkbox"/> Hard of Hearing       |
| <input type="checkbox"/> Deaf                  | <input type="checkbox"/> Deaf                  |
| <input type="checkbox"/> Low Vision            | <input type="checkbox"/> Low Vision            |
| <input type="checkbox"/> Blind                 | <input type="checkbox"/> Blind                 |
| <input type="checkbox"/> Mobility Impairment   | <input type="checkbox"/> Mobility Impairment   |
| <input type="checkbox"/> Speech Impairment     | <input type="checkbox"/> Speech Impairment     |
| <input type="checkbox"/> Learning disability   | <input type="checkbox"/> Learning disability   |
| <input type="checkbox"/> Substance abuse       | <input type="checkbox"/> Substance abuse       |
| <input type="checkbox"/> Psychiatric/emotional | <input type="checkbox"/> Psychiatric/emotional |
| <input type="checkbox"/> Other medical         | <input type="checkbox"/> Other medical         |

**Third Disability:**

- Hard of Hearing
- Deaf
- Low Vision
- Blind
- Mobility Impairment
- Speech Impairment
- Learning disability
- Substance abuse
- Psychiatric/emotional
- Other medical

Disability resulted from: \_\_\_\_\_

Have you had this disability since birth:  Yes  No

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

\_\_\_\_\_

Other medical information (as it pertains to your overall health): \_\_\_\_\_

\_\_\_\_\_

Other Specialists/Physicians Name and Phone number: \_\_\_\_\_

\_\_\_\_\_

***Please check the services that may be applicable to you:***

**GENERAL SERVICES:**

- Disability Parking
- Books on Tape
- Priority Registration
- ACT Special Testing
- Assistance with Registration
- Early Registration
- Self Advocacy skills
- Route planning & Mobility orientation
- Assistive devices/equipment loan
- Typist, proofreading
- Tutoring
- Other \_\_\_\_\_

**TESTING SERVICES:**

- Extended time
- Interpreter
- Large Print Tests  Large print handouts
- Distraction-free room
- Use of computer
- Reader for exams
- Scribe for exams
- Special equipment needed

**CLASSROOM SERVICE:**

- Front row seating
- Taping lectures
- Physical assist in labs
- Table for Wheelchair
- Help identifying notetakers
- Assistance in labs
- Assistive listening device
- Large print handouts
- Physical setup in classroom
- Accom Needed \_\_\_\_\_

\_\_\_\_\_

**SERVICES/TECHNOLOGY/ASSISTIVE DEVICES YOU HAVE USED:**

List the services that you used in public school (high school)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

List the classes you received tutoring in

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

List the services that you used in other colleges and universities

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

List the different types of assistive devices you have used in the past

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

List the computer equipment (hardware and software) and assistive devices that you currently have access to for educational purposes

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

List computer programs you have been trained on

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**TECHNOLOGY/ASSISTIVE DEVICES YOU WOULD LIKE TO USE:**

List any other computer equipment or assistive devices that can increase academic success

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Scholarships received

1. \_\_\_\_\_ Dollar Amt \_\_\_\_\_
2. \_\_\_\_\_ Dollar Amt \_\_\_\_\_

**EMERGENCY PROCEDURES**

**WE NEED SPECIFIC INSTRUCTIONS IN WAYS TO ASSIST YOU, THE STUDENT, IN EXITING A BUILDING IN AN EMERGENCY SITUATION.**

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

- YES     NO    Can you walk without assistance?  
 YES     NO    If you cannot walk without assistance, can you walk if assistance is provided?
- YES     NO    Can you hear a fire alarm?
- YES     NO    Can you maneuver stairs without assistance?  
 YES     NO    If you cannot maneuver stairs without assistance, can you maneuver stairs if assistance is provided?
- YES     NO    Do you need to be carried?
- YES     NO    Do you need assistance exiting a building?  
**IF YES, PLEASE COMPLETE BELOW:**

**YOUR SUGGESTION:** \_\_\_\_\_

YES     NO    Do you have seizures? If so, what type?  
**Special Instructions** \_\_\_\_\_

YES     NO    Do you have a health condition that requires ASU personnel to have special instructions or prior knowledge of condition?  
If yes, give specific instructions and other useful information \_\_\_\_\_

***Attach brochures, flyers and other relevant printed information relative to your condition.***

Student's Name \_\_\_\_\_

Local Address \_\_\_\_\_

Emergency contact person and phone number \_\_\_\_\_

Other emergency or medical information \_\_\_\_\_

Local physician and phone number \_\_\_\_\_

***Please supply Disability Services with your schedule each semester if assistance is required to help you to exit a building during an emergency.***

## AUTHORIZATION TO RELEASE MEDICAL OR OTHER CONFIDENTIAL INFORMATION

Please release the following confidential records:

- Documentation of disability
- Medical Information
- Psychological or vocational assessment and treatment
- Educational Information
- Other \_\_\_\_\_

FOR: \_\_\_\_\_

(Name of Student)      SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Information checked above may be exchanged between the following parties.

\_\_\_\_\_ Arkansas State University  
 \_\_\_\_\_ Access & Accommodation Services  
 \_\_\_\_\_ P.O. Box 360  
 \_\_\_\_\_ State University, AR 72467

I understand that I may revoke this consent to release information at any time; however, I also understand that any release which has been made prior to my revocation and which was made based upon this authorization shall not constitute a breach of my right to confidentiality.

\_\_\_\_\_ (Student's Signature)

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Witness' Signature)

\_\_\_\_\_ (Date)

READ THE INFORMATION IN THE BOX BELOW AND INITIAL \_\_\_\_\_

Arkansas State University has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Justice regulations while implementing Title II of the Americans with Disabilities Act. Title II states, in part, that "no otherwise qualified disabled individual shall, solely due to such disability, be excluded from the participation in, be denied the benefits for, or be subjected to discrimination" in programs or activities sponsored by a public entity. Complaints should be addressed to Dr. Jenifer Rice-Mason, Coordinator of ADA and 504 compliance efforts for students.