

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.

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

What accommodations are you seeking?

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