

ASU-Newport Student: Disability Services Application



Semester Reasonable Accommodations Requested (Please check only one term.)

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: _____ SSN: _____ Student Id Number: _____
ASU-Newport Email: _____@student.asun.edu
Personal Email: _____

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

ASU-Newport 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 reasonable accommodations are you seeking?

Release of Information

Check below who you give permission to discuss your disability and reasonable 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

Submit Completed Form to the Office of Disability Services

Email: disabilityservices@asun.edu

Fax: (870) 358-4117

**Mail:
ASU-Newport Marked Tree Campus
P.O.Box 280
Marked Tree, AR 72365**

**Questions?
disabilityservices@asun.edu or (870) 358-8612**