



Disability Services ~ Student Information Questionnaire

Today's Date: \_\_\_\_\_

Name (Last, First, MI):

\_\_\_\_\_

Current Address:

\_\_\_\_\_

Phone #: \_\_\_\_\_ Student Id: \_\_\_\_\_ User Id (email): \_\_\_\_\_

Reason for visit (check all that apply):

Request for an evaluation, I think I might have a disability

I am requesting employee accommodations

Housing Accommodations

Academic Accommodation

Other:

\_\_\_\_\_

Student Status (check all that apply):

Incoming Current Transfer

JSU Online

Freshman

Sophomore

Junior

Senior Graduate

Professional Other: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Semester Applying for: \_\_\_\_\_

Part Time Student

Full Time Student

Cognitive (e.g. ADHD, Brain Injury)

Development

Health Hearing

Learning (LD)

Neurological

Physical Dexterity/Mobility

Psychological Speech/Language

Vision

Other: \_\_\_\_\_

Do you receive Vocational Rehabilitation Services (VR)? YES NO, If yes, who is your counselor?

\_\_\_\_\_

Do you receive Rehabilitation Services for the Blind (RSB)? YES NO, If yes, who is your counselor?

\_\_\_\_\_

Veteran Status: N/A Veteran Military Personnel Families (spouse/dependents) Please describe your specific disability?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How and when was your disability diagnosed and documented?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how your disability currently impacts you in: School

\_\_\_\_\_  
\_\_\_\_\_

Work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Social/Personal: \_\_\_\_\_

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If you have used accommodations in the past, what have you used?

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What accommodations are you requesting (e.g. adaptive equipment, alternative format, note taking, bus services, classroom/lab assistant, exam, housing, sign language, etc.)?

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If applicable, list the housing accommodations you are requesting for living on campus (e.g. wheelchair accessible, visual alarms, etc.)?

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Student Name (Print) \_\_\_\_\_ Student Signature \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: Received by (initial): \_\_\_\_\_ Date received: \_\_\_\_\_ Appt scheduled (who/date/time): \_\_\_\_\_

Disability Center Release of Information PARENT/GUARDIAN RELEASE: The following statement addresses the right of a student's individual privacy. In the event a parent, stepparent, or guardian inquires about or calls on behalf of a student, the Disability Center must have a written release signed by the student to be able to speak with them. I give the Disability Center permission to speak with my parents, stepparents, or guardians about me and my progress as a student registered in the JSU Disability Services

\_\_\_\_ Agree \_\_\_\_ Disagree \_\_\_\_\_

Signature/ Date: \_\_\_\_\_



**LEARNING CENTER RELEASE:**

The Learning Center provides tutoring by appointment for undergraduate students who qualify under specific program requirements, including those who have a disability. To assist the Learning Center with the application process, the Disability Center will release your name to them, with your permission. If you agree to have your name released to the Learning Center identifying you as a student registered with Disability Center, please indicate below.

\_\_\_\_\_ Agree \_\_\_\_\_ Disagree \_\_\_\_\_

\_\_\_\_\_ Signature/Date: unless otherwise revoked, this authorization will remain in effect for the duration of my enrollment as a student at the Jackson State University.

Confidential