



*Alabama State University*  
*Office of Disability Services*  
*Student Affairs*

*John G. Hardy Center, Rm. C1.58 (334) 229-5127*

**\*\*IN ORDER TO PROVIDE REASONABLE ACCOMODATIONS, DOCUMENTATION OF DISABILITY MUST BE PRESENTED TO THIS OFFICE\*\***

Date: \_\_\_\_\_ Current Semester: \_\_\_\_\_ Student I.D. #: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M / F Race: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Major: \_\_\_\_\_

Classification (Circle One): Freshman    Sophomore    Junior    Senior    Graduate    Doctorate

Have you previously received accommodations? Yes \_\_\_ No \_\_\_

If so, when and what types of accommodations were received? \_\_\_\_\_

Type of Disability (Please circle all that apply):    Physical    Learning    Psychological    Visual Hearing  
Medical Other: \_\_\_\_\_

Please state current requested accommodations: \_\_\_\_\_

Do you have the required documentation needed for your accommodations? Yes \_\_\_ No \_\_\_

List any medical concerns or special provisions that the ASU Health Center or Residential Living should be aware of. \_\_\_\_\_

List Prescription Medication(s): \_\_\_\_\_

Are there other accommodations needed other than classroom areas? Yes \_\_\_ No \_\_\_

(If so, please state areas) \_\_\_\_\_

Are you receiving any service through Vocational Rehabilitations Services? Yes \_\_\_ No \_\_\_

(If yes, which state?) \_\_\_\_\_

Are you an active participant in any organization on campus or interested in joining? Yes \_\_\_ No \_\_\_