

1. What is your intended major/program of study?

2. Please state your disability/condition and how it affects your academic performance.

3. Have you received accommodations for this disability in the past? YES NO

4. If yes, where did you receive these accommodations? (Check all that apply)

Elementary School Middle School High School Other College/University

5. Is this condition temporary (lasting 6 months or less)? YES NO

6. Please list any reasonable accommodations you are requesting.

Voter Registration

1. Are you registered to Vote? YES NO

2. If you are not registered to vote where you live now, would you like to apply to register to vote? YES NO

3. If you are registered to vote where you live now, would you like to update your registration record? YES NO

Our office can provide assistance with voter registration.

By signing below, I have applied for services through Student Accessibility Resources (SAR). I understand from time to time it will be necessary to discuss arrangements and accommodations with appropriate staff to meet ADA/Section 504 requirements and hereby release SAR personnel to discuss on a need-to-know basis such information.

Student Signature: _____ Date: _____