



Registration for Temporary Accommodations

Student Name: _____ Student ID Number: _____

Local Address:

Number and Street	Apt.	City	State	Zip
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Phone Number : (_____) _____ - _____

May we text you at this number? yes no

May we leave a voice mail at this number? yes no

E-Mail Address: _____

I prefer to be contacted:

By Phone By text By Mail to My Local Address Above By E-Mail

NOTE: Due to the non-secure nature of e-mail, our staff strongly recommends that e-mail **NOT BE USED** to send sensitive and/or confidential personal health information. If you select this contact option, your signature on this application indicates that you fully understand and accept all risks of using e-mail and you release Cumberland University and its staff and faculty members from all liability if your personal information is discussed via e-mail and it is accessed and used inappropriately by individuals either on or off-campus.

Please describe the nature of your temporary disability and how it results in a need for academic or other types of accommodations:

What temporary accommodations do you believe you may need at Cumberland University?

NOTE: In order to serve your needs to the best of our ability, please submit as much documentation as possible regarding your disability, such as medical records and/or a letter from your doctor outlining the diagnosis, recommended accommodations, prognosis, etc.

I understand that this application and the documentation attesting to my disability will be treated in the strictest confidence. I understand that this information may be reviewed by a professional evaluator and by the Disability Services Committee to determine my eligibility for academic accommodations. I further understand and give my permission for the staff of the Dean of Students office to contact the originator of this documentation, should additional information or clarification be necessary.

Signature

Date