



Cumberland UNIVERSITY

Registration for Disability Services

Student Name: _____ Student ID Number: _____

Local Address:

Number and Street	Apt.	City	State	Zip
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Phone Number at which you may be reached Mon-Fri from 8 a.m.-5 p.m.: (____) _____ - _____

Can you receive texts 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 disability and how it results in a need for academic or other types of accommodations:

Do you have a recent (i.e., within the past 3 years) psychoeducational or medical evaluation related to this disability?

Yes _____ **If yes, what is the date of this documentation?** _____

No _____

Have you had special accommodations in school previously? Yes ___ No ___ If yes, please explain:

What 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, psychological evaluations, IEPs, a letter from your doctor outlining the diagnosis and recommended accommodations, 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 Office to determine my eligibility for academic accommodations. I further understand and give my permission for the Director of Counseling and Disability Services to contact the originator of this documentation, should additional information or clarification be necessary.

Signature

Date