



Cumberland
UNIVERSITY

Registration for Accommodation Services

Student's FULL Name: _____

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 we text you at this number? yes no

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

E-Mail Address: _____@students.cumberland.edu

I prefer to be contacted:

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

NOTE: *Email is not a secure method of communicating 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 accessed and used inappropriately by individuals either on or off-campus.*

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

What accommodations do you believe you may need at Cumberland University? (*Please be specific*)

NOTE: In order to serve your needs to the best of our ability, please submit as much documentation as possible regarding your issue, particularly if there are unusual circumstances that might require accommodations beyond the standard ones.

*Please be aware that if Disability Services receives a letter from your provider which simply states that you are, or were, being seen at their office, your request for accommodations will not be granted at that point. Please understand the Cumberland University requirement for academic accommodations stipulates that **your provider send a “clinical rationale” for why they support the decision for Cumberland to issue accommodations to you.** The professional justification allows Disability Services to make the appropriate decisions for legitimate disability cases. Our goal is to assure that all students with medically diagnosed, disabilities receive the necessary assistance, that will facilitate their success.*

I understand that this application and the documentation attesting to my information, 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 Coordinator Disability Services to contact the originator of this documentation, should additional information or clarification be necessary.

Note: It is the policy of Cumberland University Disability Services that, if you are approved for services, you **MUST** provide a copy of your exam schedules for each class, **BEFORE** sitting for your first proctored exam. There will be no exceptions. This policy is designed to allow our office to best meet your needs, and allow your proctor to schedule your test in a prompt and effective manner.

Note: Each AAF form must be signed by your professor and returned to Disability Services **BEFORE** sitting for your first proctored exam. There will be no exceptions. Again, this policy is designed to assure the necessary communication between you, Disability Services, and each of your professors, **PRIOR** to exams beginning.

CAUTION:

Please be aware that Disability Services' proctors have been instructed to observe all test examinees closely during sessions. Any observed "cheating" will be reported to faculty, and all consequences for the violation, will be determined by your faculty member.

Please follow all rules regarding specific items you are not allowed to bring into the exam rooms.

Your signature below, verifies that you have read these policies, and are willing to comply with them as stated.

Failing to do so will delay your request for services, so please follow these policies carefully, and let us know if you have questions. We look forward to serving you and helping make your academic experience rewarding.

Signature

Date