

**Application for Disability Services  
Arkansas State University-Newport  
For Services call 870-512-7812**

*For Office Use Only* ----**Verification of Disability:**

**Date Disability Verified:** \_\_\_\_\_

**Verified by Whom (Name & Title)** \_\_\_\_\_

**Which semester are you requesting service:**

Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_ Summer I \_\_\_\_\_ Summer II \_\_\_\_\_

Date \_\_\_\_\_ Last name: \_\_\_\_\_ First: \_\_\_\_\_

Birth date: \_\_\_\_\_ SSN: \_\_\_\_\_ E-Mail address \_\_\_\_\_

Phone: \_\_\_\_\_ TDD: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work phone: \_\_\_\_\_ Total work hrs per week \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Home phone number \_\_\_\_\_

In Emergency Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Rehabilitation Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

Academic Advisor \_\_\_\_\_

**EDUCATION**

Graduated High School, High School GPA \_\_\_\_\_ GED Date: \_\_\_\_\_

**Current year in school:**

Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_

Do you give permission to discuss your disability and accommodations with your instructor(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No,

Tutor(s) \_\_\_\_\_ Yes \_\_\_\_\_ NO

Library Learning Center \_\_\_\_\_ Yes \_\_\_\_\_ NO

If yes, please sign and date \_\_\_\_\_

Date