



**Application
Accessibility Services**
(Please Print or Type)

Name		Pronouns	
Student ID #			
City, State		Zip Code	
Telephone		Email	

EDUCATION HISTORY

I am a: High School Graduate <input type="checkbox"/>	GED Graduate <input type="checkbox"/>	Year	
When you were in school, were you ever tested for or diagnosed as having any type of disability? Yes <input type="checkbox"/> No <input type="checkbox"/>			
What was the diagnosis?			
Do you have documentation of your disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Did you receive special education services in school?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please describe the accommodations.			
Have you attended other schools since leaving high school?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
What schools have you attended?			
Did you receive special accommodations while attending these schools?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please describe the accommodations.			

CURRENT EDUCATION INFORMATION

What is your major?		GPA	
Explain any difficulties you are having in school now:			

Signature of Applicant

Date