STUDENT DISABILITY RESOURCES AND SERVICES APPLICATION

The purpose of this application is to request accommodations through the Department of Student Disability Resources and Services (SDRS) under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. Please complete and return this application with supporting documentation of disability. Applications should be submitted as soon as you are aware of a disability-related need for services. Based on the submission of the completed application and documentation, SDRS will determine reasonable accommodations. Please note that services cannot begin until a completed application is on file in the SDRS office, the disability has been verified according to documentation requirements, the student has been notified of approved accommodations, and the student has requested and delivered accommodation letters to professors.

Demographic Data:

Name: _____________________________________ University ID: _________________

<table>
<thead>
<tr>
<th>Local Address Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Permanent Address</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Cell Phone: ___________________ Permanent Phone: __________________

University E-Mail Address: ____________________________________________

*All email contact will be made through university address*

Student Status:

☐ First year freshmen
☐ First year transfer student
☐ Continuing TAMU-Commerce student
☐ Graduate/Credential student

Entry quarter: _________________

Class Level: _________________

Entry quarter: _________________

Anticipated Graduation Date: __________________

Major: ___________________ Second Major/Minor __________________

Accommodation Request(s): Please be clear and specific about the accommodations you are requesting.

Have you received accommodations from another college or agency? ☐ Yes ☐ No

If yes, please list name of institution: __________________________________________

Types of accommodations received: __________________________________________

________________________________________

Housing accommodations needed: __________________________________________

Please list academic accommodation(s) that you are currently requesting from TAMU-Commerce:

________________________________________

________________________________________

________________________________________

________________________________________
All answers are considered confidential. The information you provide may be used for data collection purposes; however, your name and/or any identifying information will not be linked to your answers.

Referral Information:

How did you hear about our services?
☐ Peer ☐ Instructor ☐ SDRS Event, list:____________________ ☐ Office on Campus, list:____________
☐ Website ☐ Other, please list:________________________________________________________________________

What benefit are you expecting to receive from our services?
______________________________________________________________________________________________

Are you a Division of Assistive and Rehabilitative Services (DARS) client?
☐ YES ☐ NO ☐ UNSURE

If so, please list the name of your DARS counselor: ______________________ location: __________________

Adaptive Technology Services:

Please list any adaptive technology or equipment necessary for use due to disability:
______________________________________________________________________________________________

Please list any training previously received on adaptive technology currently utilized:
______________________________________________________________________________________________

*This application cannot be processed until documentation of a disability has been provided and this form has been completed in its entirety. To ensure the provision of reasonable and appropriate accommodations, students requesting these services must provide comprehensive documentation of their disability to satisfy the eligibility requirements listed on the guidelines for documentation form. Services will be determined from the specific information provided.

Signature of Student: _______________________________ Date: __________________