## Services for Students with Disabilities Information Form

## **Personal Information**

1. Date/	
2. Name(Please print)	
3. Student ID#	
5. Local address	
6. City/State/Zip	
7. Cell number ()	
8. Permanent address	
9. City/State/Zip	
10. Telephone ()	
11. Female Male	
Education	nal History
12. Date of high school graduation: Month	Year
13. When you were in school, were you ever tes disability? Yes No	ted or diagnosed as having any type of
14. If answer is yes, when? Date/	
15. What was the diagnosis?	
16. Do you have documentation for your disabil	ity? Yes No
17. Has this documentation been sent to Taylor	University? Yes No

18.	. If yes, what department or office?			
19.	. Did you receive any accommodations in high school? Yes	No	_	
20.	. If yes, please explain.			
21.	. Have you attended any other schools after you left high school? Yes		No	
22.	If yes, list names and dates.			
	School Dates of attendance			
23.	. Did you receive any degrees or certificates from these institutions? Ye	s	No	
24.	. If yes, list the type of degree or certificate and the date received.			
	Degree/certificate	Date re	eceived	
25.	. Did you receive any accommodations while attending these schools? Y	es	No	
26.	. If yes, explain the type of accommodations received.			
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## **Current Educational Information**

27.	27. What is your current grade point average?			
28.	What is your major?	Minor?		
29.	hat is the reason you are applying for services?			
28.	Explain any other types of problems you are having in school other than those listed above.			

## Please note:

You will be notified as soon as a decision is made concerning your application for services.

Please return this completed application to:

Dr. Scott Barrett Coordinator of Accessibility and Disability Resources Taylor University 1846 Main Street Upland, IN 46989 Office: 765-998-5523

Email: scott\_barrett@taylor.edu

Fax: 765-998-4604