TENNESSEE STATE UNIVERSITY
Office of Disability Services

Student Intake Registration Form

The following is considered confidential and will not be discussed outside of the Office of Disability Services without your permission.

Date:_____

Name:_____

M( ) F( ) Prefer not to say( )

Date of Birth:_____

T- number:00_____

Student Contact number:_____

Emergency Contact:

1. **Phone Number** _____
2. **Relationship** _____
3. **Email Address** _____

TN STATE E-Mail address:_____

Home Address:_____

Classification: [ ]Freshmen [ ] Sophomore [ ] Junior [ ] Senior [ ] Grad Student [ ] Non-Degree Seeking

Field of Study:_____

Impairment: ADD/ADHD [ ] ASD [ ] DB [ ] ESL [ ] HI [ ] LD [ ] SLI [ ] VI [ ]

If other please list:_____

Medications: _____

Physician and contact number:_____

Are you receiving Vocational Rehabilitation Services or Social Security Administration Award: _____

Please in as much detail explain how does your diagnosed condition impact your ability in a academic setting

_____

_____

_____

_____

Please in as much detail as possible explain the accommodations that you've had in the past and how were they helpful.

_____

_____

_____

_____

Confidentiality Statement/Agreement

The Office of Disability Services (ODS) is responsible for receiving and maintaining disability-related documentation and information for students with disabilities at Tennessee State University. All documentation in the student's file is treated confidentially and will not be released to anyone not involved in the accommodation and service-delivery process with the following exceptions: (a) the student gives ODS a signed release to share disability-related information with the person(s) or office(s) named on the release; (b) ODS will release disability-related information as required and/or permitted by the law and/or a court order; (c) the student files a disability-related complaint, appeal, grievance, or lawsuit against any University office or employee(s). ODS staff will not release disability-related information to a student's parents/guardian/caregiver without a confidentiality release signed by the student. This must be a confidentiality release completed and signed at ODS. A confidentiality release signed through another office or department at Tennessee State University does not grant parental access to disability-related information kept by ODS. When a student with a disability requests accommodations, he or she understands that some disability-related information may be provided on a need-to-know basis to University faculty and staff to help ensure that the student receives appropriate accommodations. Otherwise, University faculty and staff need to know only (1) that the student has been through the disability documentation review process; and (2) what accommodations have been approved by ODS to meet the student's disability-related needs.

Signature:_____ **Date:**_____

Consent release

In the event that my needs change during the semester, I understand it is my responsibility to notify the Office of Disability Services. I give my consent for DS to discuss my needs related to my impairment with my parent, faculty/staff or administration as they deem necessary in their efforts to arrange appropriate academics for me to ensure my equal opportunity at the university.

Signature:_____ **Date:**_____

Accommodation responsibility

I understand in order to renew my accommodations for every semester, it is my responsibility to notify the Office of Disability Services. Once my accommodations have been renewed/ approved for the semester, it is my responsibility to speak with my instructor every semester, to ensure that the instructor has received my accommodations and to schedule a time to discuss the facilitation of my accommodation. If at any time I wish to revoke my accommodation, I understand it is my responsibility to obtain and complete the accommodation waver form. I also understand if my accommodations are not sent within 48 hours of submitting the Accommodation Request Form, I must reach out to the Office of Disability Services via email or office visit.

Signature:_____ **Date:**_____

I agree to communicate with my coordinator at least twice a semester about my academic standing in classes, concerns, needs and overall, wellbeing.

Signature:_____ **Date:**_____