



Dean of Students Office
One Cumberland Square
Lebanon, TN 37087
(615) 547-1353

Registration for Disability Services

Student Name: _____ Student ID Number: _____

Local Address:

Number and Street	Apt.	City	State	Zip
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Phone Number at which you may be reached Mon-Fri 8 a.m.-5 p.m.: (____) ____ - _____

E-Mail Address: _____

I prefer to be contacted:

By Phone By Mail to My Local Address Above By E-Mail (SEE NOTE BELOW)

NOTE: Due to the non-secure nature of e-mail, our staff strongly recommends that e-mail **NOT BE USED** to send sensitive and/or confidential personal health information. If you select this contact option, your signature on this application indicates that you fully understand and accept all risks of using e-mail and you release Cumberland University and its staff and faculty members from all liability if your personal information is discussed via e-mail and it is accessed and used inappropriately by individuals either on or off-campus.

Please describe the nature of your disability and how it results in a need for academic or other types of accommodations:

Do you have a recent (i.e., within the past 3 years) psychoeducational or medical evaluation related to this disability?

Yes If yes, what is the date of this documentation? _____

No

Have you had special accommodations in school previously? Yes ___ No ___ If yes, please explain:

What accommodations do you believe you may need at Cumberland University?

NOTE: Appropriate documentation must be presented before this application may be processed. The documentation must be current (i.e., within the last 3 years) and meet Cumberland University’s guidelines for documentation. Guidelines for documentation are available in the document entitled *Disability Services at Cumberland University*, which is available in the Dean of Students Office on campus.

I understand that this application and the documentation attesting to my disability will be treated in the strictest confidence. I understand that this information may be reviewed by a professional evaluator and by the Disability Services Committee to determine my eligibility for academic accommodations. I further understand and give my permission for the staff of the Dean of Students office to contact the originator of this documentation, should additional information or clarification be necessary.

Signature

Date