

STUDENT/PERSONNEL REQUEST FORM
Office of Support Services for Students and Employees with Disabilities

Please fill out this form if you are requesting academic adjustments, auxiliary aids, and services while here at Jackson State University. Please attach all documents to this form and leave it in the *Office of Support Services for Students and Employees with Disabilities in B.F. Roberts Hall #112.*

(PLEASE PRINT ALL INFORMATION)

Name _____

Social Security Number _____

Address _____

Phone Number (Day) _____ (Night) _____

TTY _____ E-mail _____

Brief description of disability:

List academic adjustments, auxiliary aids, and services being requested for all classes:

If applicable do you give permission for Support Services to contact Mississippi Rehabilitation Services and/or other entities regarding providing you services?

Yes _____ No _____

If required I have provided the necessary documentation of this disability:

Yes _____ No _____

I understand that Jackson State University will make every effort to provide reasonable accommodations for me. I also understand that if required I have to provide the ADA Coordinator with the necessary documentation of my disability before such accommodations can be provided. I understand that all information gathered on me is strictly confidential and is only shared with the necessary staff.

Student/ Personnel Signature _____

Date _____

ADA Coordinator _____

Date _____

Witness _____

Date _____