



## JACKSON STATE UNIVERSITY

LATASHA NORMAN CENTER FOR COUNSELING AND DISABILITY SERVICES OFFICE: 601-979-3704 FAX: (601) 979-6918

### Office of Disability Support Services (DSS) Registration/Accommodation Form

IN ORDER FOR YOU TO RECEIVE ANY TYPE OF ACCOMMODATION, YOU MUST FILL OUT A

REGISTRATION FORM FOR EACH SEMESTER

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 office with the necessary documentation of my disability from a professional before such accommodations can be provided. I understand that all information gathered on me is strictly confidential and is only shared with the necessary Faculty and staff.

Date: \_\_\_\_\_ Semester: \_\_\_\_\_ Name: \_\_\_\_\_ J Number: \_\_\_\_\_

Current Address (Street, Address, Zip code): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Alternative Telephone/E-Mail: \_\_\_\_\_

Course	Room Numbers/building	Instructor's Last Name

Do you require accommodation with proof of disability?

\_\_\_\_\_ **Yes**, the services have been approved and Faculty Notification Letters will be permitted. It is my responsibility to pick up the letters from the DSS office the first week of classes. I will hand them to each of my professors.

\_\_\_\_\_ **No**, I do not need accommodations; Faculty Notification Letters will not be printed. (Waiving ADA right) other accommodation: Agreed upon at initial DSS meeting.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_