

Disability Support Services (DSS) Registration/Accommodation Form

DISABILITY SERVICES OFFICE: 601-979-3704 FAX: (601) 979-6918

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IN ORDER FOR YOU TO RECEIVE ANY TYPE OF ACCOMMODATION, YOU MUST FILL OUT A
REGISTRATION FORM FOR EACH SEMESTER

Date: _____ Semester: _____ Name: _____ J Number: _____

Current Address (Street, Address, Zip code): _____

Home Telephone: _____ Alternative Telephone/E-Mail: _____

Department	Job Title	Supervisor's Name

Accommodations	Additional	

Do you require accommodation with proof of disability?

_____ **Yes**, If services have been approved a Human Resource notification letter will be permitted. It is my responsibility to hand deliver/email letter to my department chair.

_____ **No**, I do not need accommodations; notification letters will not be printed. (Waiving ADA right) other accommodation: Agreed upon at initial DSS meeting.

Signature: _____ Date: _____