

APPLICATION FOR SERVICES

Disability Services

University of Jamestown
6055 College Lane
Jamestown, ND 58405

ID # _____ Date of Birth: _____ Local Phone: _____

Name: _____ Cell Phone: _____

Local Address: _____

City: _____ State: _____ Zip: _____

UJ E-mail Address: _____

Permanent Address, if different from above:

Street: _____ Phone: _____

City: _____ State: _____ Zip: _____

DISABILITY INFORMATION

How does your disability limit you in the classroom or in the non-academic setting? _____

Who referred you to us? _____

Are you receiving services from?

Vocational Rehabilitation, Counselor Name _____ City/State: _____

Other _____

ACADEMIC INFORMATION

Major: _____ Minor: _____ Deciding

I certify that the information provided on this form is correct. I understand that in order to be eligible for specific accommodations, I may be asked to provide documentation that supports the need for those accommodations. I also understand that the accommodations and/or disability-related services provided will be determined by University of Jamestown Disability Services.

Signature: _____ Date: _____

University of Jamestown Disability Services agrees to keep information and records concerning my disability confidential in compliance with the Family Rights and Privacy Act (FERPA), North Dakota state statutes and the professional and ethical standards of the Association on Higher Education and Disability (AHEAD).

Although the Disability Services staff will not release documentation nor reveal specific details of a student's condition to UJ faculty or staff, they will verify that the documentation is on file and share information about the purpose of an accommodation.