



**Disability Support Services
Registration and/or Accommodations Application Form**

Please fill the portions that apply to your specific affiliation i.e. faculty/staff, student

Last Name _____ FirstName _____ M.I. _____

Date of Birth _____ G-Number _____ Gender [M] [F]
mm/dd/year

Ethnicity (Optional) Asian American/Asian
 American India/Alaskan Native
 African American/African
 Caucasian
 Hispanic
 Multinational

Which best represents you: Faculty
 Staff
 Student

Department Name: _____

Telephone Number(s): _____

Permanent Address: _____

Local/Campus Address: _____

E-mail: _____

Disability Conditions (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Mobility Impairment |
| <input type="checkbox"/> Hearing Impaired/Deaf | <input type="checkbox"/> Psychological Disability |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Visual Impairment/Blind | |

Other (please specify) _____

Are you on any prescribed medication related to your disability at present? Yes No

If **yes** please specify _____

Are you associated with any rehabilitation service?(i.e. MI Rehab/ MI Commission for the blind)

Yes No If yes please specify _____

How did you learn about the DSS (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> DSS website | <input type="checkbox"/> Union Representative |
| <input type="checkbox"/> Ombudsperson | <input type="checkbox"/> Supervisor/Unit Administrator |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Office of Inclusion and Equity |

Other (please state) _____

STUDENTS ONLY

Are you currently enrolled at GVSU? Yes No

If **NO** when do you intend to enroll? Fall Winter Summer Year _____

Class standing: Freshman Sophomore Junior Senior Graduate

Will you be receiving financial aid (grants, loans, and/or scholarships) Yes No

Intended Major(s): _____

Career Goal: _____

College(s) previously attended: _____

Are you employed? [] Yes [] No

If **YES** how many hours do you work per week? _____

FACULTY/STAFF ONLY

Please state your employment affiliation i.e. faculty, librarian _____

Job Title _____

Employee ID _____

Name of Supervisor/ Unit Administrator _____

Campus telephone(s) _____

I give DSS permission to collect information about my participation in the program. This information will be used to develop statistical data for reports/publications, to evaluate the program and to assess my needs. To the best of my knowledge, the above information is true and accurate at this time.

(Signature)

(Date)

Please submit along with this application any documentation verifying your disability in order to be eligible to receive services from the DSS.

Return completed application to: DSS, GVSU, 1 Campus Dr., 200 Student Services

Building, Allendale, Michigan, 49401.

Phone: (616) 331-2490 Fax: (616) 331-3880