Disability Support Services Application

To apply for Disability Support Services, complete this application. Attach documentation of your disability with the application, if available. Submit to the DSS office by fax, mail or in person. After it is received, DSS will contact you for an appointment to discuss your disability-related needs and requests.

I. General Information:

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<tr>
<th>Name</th>
<th>Towson University I.D. #</th>
<th>Today’s date</th>
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<tr>
<th>Permanent address:</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
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<tr>
<th>TU email address</th>
<th>Campus or local address</th>
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<thead>
<tr>
<th>Cell phone</th>
<th>Home phone</th>
<th>Date of birth</th>
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How were you referred to DSS?  □ Self  □ Parent  □ TU Faculty/Staff  □ Other: _________________________

II. Student Status:

□ Freshman  □ Sophomore  □ Junior  □ Senior  □ Graduate  □ Summer Only

Are you a new student at Towson University?  □ Yes  □ No

Are you in the Freshman Transition Program with CCBC?  □ Yes  □ No

Are you a Towson University athlete?  □ Yes  □ No

III. Disability Information:

What is your diagnosed disability or condition?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Rev. 10/29/13
Is your condition temporary (lasting 6 months or less)? □ Yes □ No

Describe the limitations you have as a result of your disability or condition. Please be specific and use examples.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What accommodations are you requesting?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________ 

Are you attaching documentation with this application? □ Yes □ No
If no, please explain: ___________________________________________________________

Acknowledgement of Understanding

Disability records are confidential, maintained in the DSS office and are protected as an educational record under the Family Educational Rights and Privacy Act (FERPA). Disability-related information may be disclosed on a limited, need-to-know basis in order to provide accommodations and services with the permission of the student or as otherwise permitted under the University’s student records policy.

Submitting this application is only part of the registration process. Appropriate disability documentation supporting the requested accommodations/services should also be submitted to DSS. The documentation provided will be reviewed as a part of a collaborative process with the student. A personal interview with a DSS specialist will be scheduled so that there is an opportunity to discuss disability-related concerns, needs and requests. During a personal interview, consideration will also be given to the student’s self-report, strengths, and needs previous academic experiences and ideas regarding accommodations.

Accommodations received at another institution are not binding to Towson University. DSS may propose an alternative accommodation that would be appropriate but has not been recommended in the past or the student has not received.

My signature below indicates that I have read the above statement and understand it.

___________________________________________________________________________
Student Signature