



APPLICATION *for* REASONABLE ACCOMMODATIONS

OFFICE *for* DISABILITY SERVICES

Dear Student,

Thank you for your interest in the accommodations offered by Union University's Office for Disability Services. It is important that you complete and return this application along with documentation of your disability to begin the process of registration. Please refer to the Documentation Guidelines, at www.uu.edu/student-services/disability-services, for your disability specific requirements and necessary information required by our office.

- For current Union University students, please complete and submit this application along with all supportive medical, psychological, psychoeducational, or neuropsychological documentation as soon as you are aware of a disability-related need for accommodations.
- For applicants to Union University, documentation review will not begin until confirmation of your admission to the university and your deposit has been paid. However, the Director is available to consult with prospective students and their families about available services at Union University.

Please note that your request for services will not be reviewed until both a completed application form and appropriate supportive medical documentation are on file at the Office for Disability Services. Information provided to the Office of Disability Services is considered confidential.

Required Information

Date _____

Campus Location Jackson Main Campus Jackson Emporium Drive Germantown/Olford Hendersonville

Personal Information

Student Name _____ UU ID# (if known) _____

Local Address _____
Number, Street City State Zip

Home Address _____
Number, Street City State Zip

Primary Phone _____ Email _____

Date of Birth _____ Gender Male Female

If you were referred to this office by a Union University faculty or staff please list their name here.

Disability-Specific Information

Disability Category (please check all that apply)

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Blind | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Visually Limited | <input type="checkbox"/> Neurological | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Emotional/Psychological | <input type="checkbox"/> Attention Deficit/
Hyperactivity | _____ |
| <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Chronic Medical
Condition | | _____ |

Please describe how the disability impacts you in an academic setting. _____

What types of accommodation would help for your disability? _____

Do you work with a vocational rehabilitation counselor? Name _____

State _____ City _____ Phone Number _____

Current Academic Standing

Are you currently admitted to Union University? Yes No

Are you entering/enrolled in the Keystone Program? Yes No

Academic Status Incoming Student (Anticipated date of enrollment _____)

Freshman Sophomore Junior Senior Graduate Continuing Education

Academic Major _____ Minor _____

Academic Advisor _____

Student Signature _____ Date _____

If you choose to submit these materials electronically, please type full legal name and current date.

Please note that the Office for Disability Services will exchange information with other relevant authorities on campus to evaluate and facilitate the provision of accommodations, and by signing this form, you are signifying your knowledge of and agreement with this practice.

Please send this completed form and medical supportive documentation to the Director, Jon Abernathy, electronically at jabernathy@uu.edu, faxed to (731) 661-5187 attn. Jon Abernathy, or mailed to:

Union University
Office for Disability Services
Attn: Jon Abernathy
Box: 1806
1050 Union University Dr.
Jackson, TN 38305-3697

Any questions should be submitted to Jon Abernathy, Director of the Office for Disability Services at jabernathy@uu.edu or (731) 661-6520.