



UNION
UNIVERSITY

OFFICE OF DISABILITY SERVICES
APPLICATION FOR REASONABLE ACCOMMODATIONS

Student Life

Dear Student:

Thank you for your interest in the accommodations offered by Union University's Office of 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/ods, for your disability-specific requirements and the 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 of Disability Services.

Information provided to the Office of Disability Services is considered confidential.

***Required Information**

Date: ____/____/____ Campus Location: ☐ Main Campus ☐ MCUTS
☐ Germantown ☐ Hendersonville

***Personal Information**

Student Name: _____ UU ID# (if known): _____

Local Address: _____ Home Address: _____

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

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

☐ Other _____

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 of 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 for Disability Services, electronically at ods@uu.edu, faxed to (731) 661-5192, or mailed to:

Union University
Office of Disability Services
UU Box 1915
1050 Union University Dr.
Jackson, TN 38305-3697

Questions should be submitted to the Director for Disability Services at:
ods@uu.edu or call (731) 661-6520