



Rhodes College

—1818—

Application for Student Disability Services

Name _____ Student ID# _____

Class Year _____ E-mail Address _____ Major (if known) _____

Campus Address _____ Phone _____

Do you have a disability that results in a need for academic or other types of accommodations?
Please describe the nature of your disability below. You may attach a separate sheet.

Do you have a recent psychoeducational or medical evaluation related to this disability?

Yes _____ If yes, what is the date of this documentation? _____

No _____

Did you have special accommodations in school previously? If yes, please explain:

What accommodations do you believe you may need at Rhodes?

NOTE: Appropriate documentation must be presented before this application may be processed. The documentation must be current and meet Rhodes' guidelines for documentation. Documentation guidelines are available in the Office of Student Disability Services or on-line at www.rhodes.edu/disability.

I understand that this application and the documentation attesting to my disability will be treated in the strictest confidence. I understand that this information will be reviewed by a professional evaluator and by the Disability Support Committee to determine my eligibility for academic accommodations. I further understand and give my permission for the Coordinator of Disability Services to contact the originator of this documentation, should additional information or clarification be necessary.

Student signature _____

Date _____