



**Disability Support Services
Application for Services**

Application for admission to the University is a separate procedure. The choice to register with this office is voluntary and all disability-related information will be handled with respect and privacy. This information allows us to more effectively plan and coordinate appropriate services and accommodations at the University. DSS does encourage students to contact the office to submit documentation and make requests upon or as soon after admission as possible (preferably prior to the start of classes) for most effective implementation of services.

Application is to be completed by student; medical or treatment professionals should submit separate documentation per documentation guidelines.

Background

Name: _____ Preferred name: _____
Last First MI

Birthdate: _____ Student M#: _____ Gender: _____

Are you a current UM student? Yes _____ No _____

If not, when do you plan to enroll at UM? _____ Undergrad _____ Grad _____

Intended major or plan of study? _____

Are you a Montevallo athlete or are you expecting to be upon enrollment? Yes _____ No _____

Phone: (H): _____ (C): _____

Permanent Address: _____
Street City State Zip

Local Address: _____
Street or P.O. Box City State Zip

Email Addresses: _____

Emergency Contact: _____
Name Phone Relationship to Student

If working with an **AL Department of Rehabilitation Services** (ADRS or “Voc Rehab”) Counselor or a **Veterans Administration** (VA) Vocational Rehabilitation Counselor:

Name of VR or VA Counselor: _____

Phone: _____ Email: _____

ADRS & VA Counselors who assist with costs of education usually already have your consent to provide information to the school and to obtain copies of your grades, etc. Please sign below if DSS office staff has your permission to talk with these agencies regarding your courses or academic progress, disability services, academic or housing accommodations, financial assistance, books or other educational or disability-related needs.

Yes, you may talk with my counselor: _____

Signature

Date

Consent

I understand that the staff of the Disability Support Services Office may need to share relevant information regarding my disability with University of Montevallo faculty or staff. This information may be shared, if necessary, to verify or implement appropriate services and accommodations. Contents of the file may also be released to appropriate University officials in other limited circumstances (e.g., to assist in emergency medical or safety situations or to resolve student grievances). I am also aware that the information may be released to off-campus entities when required by subpoena, court order, etc.

Signature

Date

Previous Disability Support

Have you ever received disability support in a previous educational setting (high school or college)?

Yes _____ No _____

If “yes,” where did you receive support? _____

What services did you receive? _____

Disability Information (Separate documentation from appropriate licensed professional is required. For documentation guidelines, please call or email the office or see website: <https://www.montevallo.edu/campus-life/student-services/disability-support-services/getting-started/>)

- Medical/Health Condition**
- Orthopedic/Mobility Condition**
- Blindness/Low Vision**
- Deaf/Hard of Hearing**
- Learning Disability**
- Attention Deficit-Hyperactivity Disorder**
- Autism Spectrum Disorder**
- Traumatic Brain Injury**
- Psychological/Neurological/Emotional Condition**

Please provide a brief description of the diagnosis (from student perspective; please do not write “see documentation”):

Limitations due to disability (related to the classroom, testing, books, housing, etc.; again, we are asking for the student perspective of their difficulties):

List of prescribed medications (including any side effects for which you may need additional accommodations):

Possible Accommodations Needed: Please indicate accommodations supported by the disability documentation. All accommodations are approved on a case-by-case basis and may be applicable in some classes but not in others, depending on the nature of the course.

- Priority seating
- Priority Registration
- Notetaking support
- Permission to tape record lectures
- Extended time on tests or exams
- Distraction-reduced testing area
- Service animal (task-trained dog)
- FM assistive listening device
- Closed captioned videos
- Limit on stairs/elevator access
- Sign language interpreter
- C-Print/real-time captioning (for hearing loss)
- Reasonable modification of attendance/tardy policy
- Accessible parking (have state "handicapped" parking placard or car tag)
- Alternate format text: E-text Braille Audio format Other: _____
- Adaptive equipment or computer hardware/software – Describe: _____
- _____
- Other: _____
- _____
- Housing or Dietary (Meal Plan) Requests*:

*To make **Housing and Dietary Modification Requests** please email or call DSS and request the necessary forms, or see our website at www.montevallo.edu/dss and click **Getting Started** and then **Disability-Related Housing & Dietary Requests**. This application, the medical documentation AND the Housing/Dietary form are all required for such requests.

Please forward completed application, documentation and questions to:

University of Montevallo
Disability Support Services
Station 6250
Montevallo, AL 35115

Phone: (205) 665-6250
Fax: (205) 665-6255
Email: DSS@montevallo.edu

For Office Use only: Date received: _____
Received with documentation: Yes _____ No _____
