



Stark State College Of Technology
6200 Frank Ave. NW
North Canton, Ohio 44720-7299
(330) 494-6170 Fax (330) 497-6313

STUDENT APPLICATION FOR DISABILITY SUPPORT SERVICES
Please PRINT legibly

DATE _____	SOCIAL SECURITY NUMBER _____
DATE OF BIRTH _____	STARK STATE STUDENT ID: <u>S</u> _____
NAME _____	
ADDRESS _____	
CITY: _____	STATE: _____ ZIP: _____
PHONE (HOME) _____	(BUSINESS) _____
(CELL#) _____	EMAIL _____
MAJOR _____	

Emergency contact: Name: _____
Relationship _____
Phone # (h) _____ (w) _____ (c) _____

Alternative contact _____
Relationship _____
Phone # (h) _____ (w) _____ (c) _____

Last School attended: _____
year _____ Did you graduate? Yes _____ No _____

Have you previously received accommodations in school? Yes _____ No _____

If you have received accommodations please list type of accommodations here.

I am applying for services to accommodate educational limitations resulting from the following disability

What accommodations **do you believe** will assist your success in college?

Books on Tape (BOT)	Adj. Table	Kurzweil	Front row seating
Interpreter	Chair	Copy of lecture notes	Attendance addendum
Note-taker	Large Print	Extended test time	Taping of Lecture
Reader	CCTV	Quiet room	Other:
Scribe	ALD	Calculator use	Other:
Scooter	AS	Spellcheck use	Other:

Comments:

Documentation of diagnosis of disability that substantially limits a major life activity; identifies educational limitations that can result from the disability, and describes suggested accommodations that are to be provided to Disability Support Services. Documentation is provided from:

Name: _____
 Address: _____ City _____ State _____ Zip _____
 Phone: _____ Fax _____

Name: _____
 Address: _____ City _____ State _____ Zip _____
 Phone: _____ Fax _____

I understand that I must provide acceptable documentation to be eligible for services from the Disability Office. Upon receipt of such documentation, I authorize the Disability Support Services (DSS) staff to review my information and decide which accommodations will be appropriate for my unique situation.

Signature _____ Date _____