

**CMU** Central Methodist University  
**Initial Intake Application for  
 Disability Support Services**

CMU Office Use Only: App received ___/___/___ Doc received ___/___/___ Initial Apt ___/___/___ Accom(s) assigned ___/___/___ Nolij ___/___/___
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The student requesting ADA accommodations must complete this form and semester renewal form for the first semester requesting accommodations. After which, student will reapply each semester using only the *Semester Renewal* form.

**Please Print**

Full name \_\_\_\_\_ Student ID# or SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Major \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail \_\_\_\_\_

Classification:  Dual Credit       Undergraduate       Graduate

Campus Attending:  Fayette Campus       Online       Other Campus (list) \_\_\_\_\_

When Service need to begin?  Fall       Spring       Summer      Year Begin \_\_\_\_\_

**I am currently receiving information/assistance from:**

- Division of Vocational Rehabilitation
- Bureau for the Blind
- Veterans Administration
- CMU Financial Aid
- Other \_\_\_\_\_

**Disability (check all that apply):**

Accommodations are based on supported documentation of the following:

- Acquired Brain Injury
- ADD/ADHD
- Asperger Syndrome
- Autism Spectrum Disorder
- Other \_\_\_\_\_
- Developmental Disability
- Emotional Disability
- Health Condition
- Hearing Impairment/Deaf
- Learning Disability
- Psychological Disability
- Vision Impairment/Blind

In order to be approved for accommodations, official documentation of the disability must be sent directly from the originating office (e.g. high school, testing center, certified professional center, or physician) directly to the Center for Learning and Teaching. All such official documentation must be for an evaluation dated no more than eighteen (18) months prior to being received by the University. All official documentation which the student wishes to have the University consider in providing a reasonable accommodation for the disability must be included (e.g. Individual Education Plan [IEP] and related materials, 504 Plan, professional diagnosis, and recommendations). Professional diagnosis must include a diagnosis of the student's current disability; the date of the diagnosis; how the diagnosis was reach; the credentials of the professional making the diagnosis; how the student's disability affects a major life activity; and how the disability affects the student's academic performance. The documentation should provide enough information for the student and the University to consider what may be an appropriate academic adjustment. Each student's accommodation(s) will be considered on a case-by-case basis.

Based on your disability, what accommodations are you requesting for equal access:

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**Student Signature Required:**

The information contained in this form and any attachments are true and accurate to the best of my knowledge, information and belief.

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Student Signature

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Date

**RELEASE OF INFORMATION**

I hereby authorize release to Central Methodist University information concerning my disability and educational/vocational history for the purposes of providing me with services. I understand that the information obtained by Central Methodist University will be held in confidence and not released directly or indirectly without my further written consent except for the purpose of providing services.

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Student Signature

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Date

**Official documentation of the disability should be sent directly from the professional's office to:**

The Center for Learning and Teaching  
411 Central Methodist Square  
Fayette, MO 65248

Or fax to 660-248-6898