



STUDENT REGISTRATION FORM

Starting Semester with SDS: [] Fall [] Spring [] Summer Today's Date: _____

SS# _____ M# _____ Gender [] Male [] Female

Student Full Name: _____ Date of Birth: _____
Last First Middle Initial Month Day Year

Local Address: _____
(If Applicable) Street City State Zip

Local Phone Number (If Applicable): _____ Cell Number: _____

MSU E-mail Address: _____ Alternate Email: _____

Permanent Address: _____
Street City State Zip

Permanent Home Phone: _____ Emergency Contact Number: _____

Major: _____ Minor: _____

Classification: [] Entering Student [] Freshman [] Sophomore [] Junior [] Senior [] Graduate [] Other: _____

What is the nature of your disability? (Check all that apply)

- [] Learning Disability [] Visual Impairment
[] Attention Deficit/Hyperactivity Disorder [] Hearing Impairment
[] Chronic Health Disorder [] Mobility Impairment
[] Psychological Impairment Other _____

Date of last disability documentation and/or medical evaluation _____

By whom: _____
Title First Name Last Name Area Code Telephone Number

Please describe your disability and how it affects your performance as a student and/or how it impacts your daily living:
(attach separate sheets, if necessary)

Please list the accommodation(s) and/or academic support you have previously received or will likely request.

- _____ books in alternate format _____ note takers _____ extra time on tests _____ tests outside the classroom
_____ word processor/computer/spellchecker _____ interpreters _____ oral test/reader _____ scribe for tests
_____ classroom seating _____ housing (please note that you must complete the online Reasonable Accommodation form for Housing)
_____ assistive technology/software _____ parking (please note that you must complete the online Accessible Parking form)
_____ tutoring/mentoring _____ meal/dietary _____ other _____

Which of the following areas are problematic for you?

- | | |
|--|---|
| <input type="checkbox"/> Concentration/Focus | <input type="checkbox"/> Organizational skills |
| <input type="checkbox"/> Difficulty reading | <input type="checkbox"/> Study skills |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Test-taking strategies |
| <input type="checkbox"/> Note-taking | <input type="checkbox"/> Written language |

In high school:

- Did you have an IEP? Yes No
- Did you have a 504 Plan? Yes No
- Did you receive special education services? Yes No

If you transferred from another college or university, please complete:

Please list all colleges previously or currently attending (most recent first).

Name of College(s)	Dates of Attendance
1. _____	_____
2. _____	_____

ACT Scores - Composite _____ ; English _____ ; Math _____ ; Reading _____ ; Science Reasoning _____

Are you currently a client of Vocational Rehabilitation? Yes No

If you answered, yes to the above, please provide information about your Vocational Rehabilitation Counselor:

Name: _____ Phone: _____

Address: _____
Street City State Zip

Exchange of Information/Release Form

In order to explore possible coverage and reasonable accommodations, it is often necessary for the Office of Student Disability Services to discuss the documentation the student has submitted to our office (registration forms, diagnosis, personal requests/statements) with providers such as licensed physicians, psychologists or other qualified professionals, and to discuss the student's impairment with the appropriate Murray State University staff.

I hereby give permission for the staff of the Office of Student Disability Services to exchange information regarding the documentation I have submitted with my provider(s) (physician, psychologist, or other qualified professional). Furthermore, I give permission for the staff of the Office of Disability Services to release and/or obtain information concerning my diagnostic testing, grades, and other information to/from instructors, parents, assigned tutors, vocational rehabilitation counselors, and Murray State University staff as necessary.

This authorization will remain in effect for the duration of my enrollment. I understand that I may revoke this release of information at any time by informing the Office of Student Disability Services. I understand that this information is desired in order to assist those who are helping me with my education and request for accommodation, and that my refusal to authorize consent may result in denial of specific accommodations. I also understand that my disability documentation will be kept on file for five years after my graduation or late date of attendance and that I should keep a copy of any records pertaining to my disability.

(Student Signature)

(Date)

First Floor Housing Information

Kentucky law requires that students who have a disability, or a sensory, cognitive, or neurological deficit or impairment, or a learning disorder, minimal brain dysfunction, dyslexia, pervasive developmental disorder, autism, or Asperger Syndrome be given priority for the first floor housing assignments. If you have a disability or condition, as noted above, and desire a first floor housing assignment, contact the Associate Director for Administrative Services at the Murray State University Housing Office, phone number 270-809-2310, to request a "Housing Request Re: First Floor Housing Assignment." **Please note that first floor housing assignments are only available in Lee Clark, Franklin (Springer II), HC Franklin and Original Richmond Colleges.**