



Office of Disability Services
023 Student Union
Wright State University
Dayton, OH 45435
(937) 775-5680
TTY (937) 775-5844
FAX (937) 775-5699

Application for Services

Today's Date: _____

Name: _____ Date of Birth: _____

Social Security Number: _____ - _____ - _____ University ID: _____

Home E-Mail Address: _____ WSU E-Mail Address: _____

Cell Phone: _____ Home Phone: _____

Permanent Address -Street: _____

Permanent City: _____ State: _____ Zip: _____

Are you a consumer of BVR or BSVI? Yes No

If yes, what is your counselor's name: _____

Counselor's location: City: _____ State: _____ Phone: _____

Counselor's e-mail: _____

Where did you attend high-school?: _____

Did you receive special education services in high-school? Yes No

Did you transfer from another college(s) or university(ies)? Yes No

If yes, where?: _____

Please attach a letter from the college or university stating the accommodations you received.

When do you plan to enter Wright State?

Fall___ Winter___ Spring___ Summer___ Year 20___ Current Student___

If current student, what quarter and year did you start at Wright State University? _____

Please mark **ALL** that apply: I am requesting accommodations because I am an individual with:

___ Attention Deficit Disorder

___ Other Psychological Impairment

___ Deafness

___ Physical/Medical Impairment

___ Hard of Hearing

___ Traumatic Brain Injury/Closed Head

___ Learning Disability

___ Visual Impairment

Other: _____

Please complete the reverse side of this form

Using your own words, please describe your disability(ies) and how it affects your ability to function on a college campus.

Please list any medications you are taking or therapies you are receiving and how they may affect your college performance.

If applicable, please list any adaptive/computer technologies you will be using.

Please list the academic accommodations and services you are requesting.

I understand I must submit documentation of my disability prior to meeting with a counselor for a pre-service interview. I also understand that application to Wright State University is a separate process.

Signature: _____ Date: _____

You will be notified when all of your documentation has been received. At that time, call 937-775-5680, or TTY 937-775-5844, to schedule your pre-service interview. During this meeting we will describe services for which you are eligible. The information submitted to the Office of Disability Services is confidential and not put on your academic record.