



Accessibility and Disability Support Services
1973 Edison Drive | Piqua, OH 45356
Phone (937) 778-8600 | Fax (833)-594-1391

APPLICATION FOR ACCESSIBILITY SUPPORT SERVICES

Name: _____ Today's Date: _____

Student ID: _____ or SSN: X X X - X X - _____ Date of Birth: _____

Address: _____
Street City State Zip

Cell Phone: _____ Home Phone: _____

E-Mail Address: _____

Are you a consumer of Opportunities for Ohioans with Disabilities? Yes No

If yes, counselor's name: _____

Counselor's location: City: _____ Email: _____

Where did you attend high school? _____

Did you receive intervention services in high school? Yes No

Did you transfer from another college or university? Yes No

What semester do you plan to enter Edison State? Fall Spring Summer Year: _____

What is your major or intended major? _____

Current Employer: _____ Since _____
 Full-time Part-time: (_____ hours worked per week)

Transportation: Self Family member/ Friend Public transportation

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

- Attention Deficit Disorder
- Deafness
- Hearing Impairment
- Learning Disability
- Other Psychological Impairment
- Physical/Medical Impairment
- Traumatic Brain Injury/Closed Head
- 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 that:

- I may be required to submit documentation of my disability;
- I must meet the essential requirements of each course I take, with or without accommodations;
- application to Edison State Community College and selective admission programs are separate processes.

Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO:
Coordinator of Accessibility Support Services
Edison State Community College
1973 Edison Drive
Piqua, OH 45356
Or Fax to (833)-594-1319

OFFICE USE ONLY: Rec'd _____ AA date _____ PHIN date _____ Record _____ File _____ Self ID _____