

Disabled Student Registration  
Office of Disabled Student Services  
Tennessee State University

Student Data Sheet

The following is considered confidential and will not be discussed outside of the Office Disabled Student Services without your permission. You do not have to answer any questions which you are uncomfortable with.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
\_\_\_\_\_

SS#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

TSU P.O. BOX: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PERMANENT PHONE(\_\_\_\_) \_\_\_\_\_

CLASSIFICATION:

FRESHMAN \_\_\_\_\_ SOPHOMORE \_\_\_\_\_

JUNIOR \_\_\_\_\_ SENIOR \_\_\_\_\_

MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_

DISABILITY \_\_\_\_\_

AGE OF ONSET \_\_\_\_\_ MEDICATIONS \_\_\_\_\_

DOCTOR \_\_\_\_\_ PH. NUMBER(\_\_\_\_) \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE CONTACT \_\_\_\_\_  
\_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_

ARE YOU RECEIVING VOCATIONAL REHABILITATION SERVICES?

\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHAT IS YOUR REHABILITATION COUNSELOR'S NAME, PHONE  
NUMBER AND STATE ? \_\_\_\_\_

\_\_\_\_\_

In the event that my needs change during the semester, I understand it is my responsibility to notify the Office of Disabled Students Services. I give consent for DSS to discuss my disability related needs with any parent, faculty/staff or administrators as they deem necessary in their efforts to arrange appropriate academic accommodation for me to ensure my equal opportunity at the University.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

-----  
Mail this application to the following address:

Office of Disabled Student Services  
Rm 117, Kean Hall  
Tennessee State University  
3500 John A. Merritt Blvd.  
Nashville, Tennessee 37209-1561