Date			
DOE			

APPLICATION FOR DISABILITY SERVICES

	Student ID			
First Last Address	Middle Initial City	ST Zip Code		
Phone No. (H) ()	(W) ()	E-Mail		
Live on Campus? Yes No	N/A			
Date of Birth Male	e Female Emerg	gency Contact		
Student Major	Employee	Dept		
Classification: Freshman So	phomore Junior	Senior Graduate N	J/A	
Explain your disability and curre	ent treatment:			
What accommodations are you r	equesting?			
Do you take prescription medica prescribed it.	tion? Please name it, the	dosage and the physician w	[,] ho	
Services or any other agency? If person and his/her location.			ontact	

Once you make application for services and provide the appropriate documentation, the Disability Services Coordinator/Director of Human Resources will review your documentation and inform you of your status as a student or employee with a disability.

Permission to Release Information

I	, hereby give my permission to Troy University to
Print Name	
discuss information concerning my dis	sability and accommodations and/or to release
documentation on my disability, with i	individuals who will be involved in the delivery of services
J .	ission for other agencies and individuals to discuss and
	rsity Disability Services Coordinator. In addition, pertinent

TROY UNIVERSITY Disability Services Accommodation Letter

Memorandum to Faculty:

The student/employee listed below has registered with the Disability Services Coordinator/ Director of Human Resources as having a documented disability that will require accommodations. This means that (s)he is eligible for services that give equal access to higher education/

employment under the guidelines of Section 504 of the Rehabilitation Act of 1973 (as amended) and the Americans with Disabilities Act of 1990. Please discuss these accommodations with the student/employee and immediately contact the Disability Services Coordinator/Director of Human Resources if there are any concerns.

Troy University is committed to ensuring that all information regarding a student/employee is maintained as confidential as required or as permitted by law. Information in files will not be

rederal or state law.	
Student/Employee Name	
Student ID:	-
Term and Year:	
Accommodations Approved:	

For more information, please contact the Disability Services Coordinator or Director of Human Resources on your campus.

TROY UNIVERSITY ADA GRIEVANCE FORM

Date:
Name: Signature:
Mailing Address:
Home Phone # () Work Phone # ()
Faculty Staff Student Other (specify)
Respondent:
Name of person or group the complaint is against:
Phone # ()
Faculty Staff Student Other (specify)
What was the result of your discussion with the respondent? (Please use back if additional space is necessary)
Complaint Details:
Date and Time: Location:
What happened?
(Please use back of form if additional space is necessary)
Names and phone numbers of others who can verify what happened:
What would you like to see happen (for you, for others) with respect to this issue?
OFFICE USE ONLY
Actions Taken: