# Request for Services Form

## Personal Information

<table>
<thead>
<tr>
<th>Name</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Preferred Name</th>
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Date of Birth ____________    Piedmont ID#________________     Veteran?   ___ yes        ___ no

<table>
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<tr>
<th>Gender: _____________</th>
<th>Telephone ____________________</th>
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Local Address: ___________________________________________________________________
Street_____________________________________________________________________________

City                                                                                       State                                                 Zip

Permanent Address: ______________________________________________________________
Street_____________________________________________________________________________

City                                                                                       State                                                 Zip

Piedmont email  ___________________________________

Alternate email  ___________________________________________________________________

How did you first hear of Disabilities Support Services at Piedmont?
________________________________________________________________________________
________________________________________________________________________________

## Academic Information

**Current Piedmont Students**

- [ ] Freshman
- [ ] Sophomore
- [ ] Junior
- [ ] Senior
- [ ] 4+ Years
- [ ] Graduate Student

Major__________________________________________
Transfer Students
First Semester at Piedmont _______________ Previous College Attended ___________________________

Disability Information

Check all that apply:

_____ Attention Deficit Hyperactivity Disorder (ADHD)               _____ Neurological Condition
_____ Brain Injury                                                            _____ Psychological Condition
_____ Chronic Health Condition                                                _____ Visual Disability
_____ Deaf / Hard of Hearing                                                   _____ Asperger’s Syndrome
_____ Learning Disability                                                      _____ Other
_____ Mobility Impairment

Disability Diagnosis ____________________________________________________________
Date of Onset ____________________ Date of Diagnosis ______________________________
Current Medications ____________________________________________________________
Please describe the impact of your disability in an academic environment ________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Accommodations

What accommodations have you used in the past?
High School: ____________________________________________________________________
________________________________________________________________________________
Previous Colleges: __________________________________________________________________
________________________________________________________________________________
List the accommodations you are requesting: (e.g., test accommodations, notetakers, technology)
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

**This application CANNOT be processed until appropriate documentation of disability is available.**

_________________________________________   __________________
Student Signature       Date