



WESTERN
ILLINOIS
UNIVERSITY

For Office Use Only
Date Received: _____

**DISABILITY SUPPORT SERVICES (DSS)
REQUEST FOR SERVICES FORM**

Complete this form to begin the process that allows DSS to provide appropriate services for students with disabilities attending Western Illinois University. DSS encourages all students to provide complete, candid, and verifiable information concerning the nature of their disability. All prospective and new students should provide this information with the understanding that all files remain confidential within the DSS office. Alternate formats of this form available upon request.

NAME _____ DATE _____

___ FEMALE ___ MALE DATE OF BIRTH _____ STUDENT ID # _____

WIU LOCAL ADDRESS _____ LOCAL PHONE: _____

CITY/STATE/ZIP _____ CELL PHONE _____

HOME ADDRESS _____ HOME PHONE _____

CITY, STATE, ZIP _____

EMAIL ADDRESS _____ MAJOR _____

STUDENT STATUS: ___ PROSPECTIVE ___ SEMESTER OF ENTRY
 ___ TRANSFER ___ SEMESTER OF ENTRY
 ___ CURRENT ___ (FRESHMAN, SOPHOMORE, JUNIOR, SENIOR)

DIAGNOSIS(ES): _____

BRIEFLY DESCRIBE THE IMPACT OF YOUR DIAGNOSED DISABILITY:

PLEASE LIST ACCOMMODATIONS YOU ARE SEEKING IN THE FOLLOWING SETTINGS:

CLASSROOM - _____

TESTING - _____

ON CAMPUS HOUSING & DINING- _____

OTHER - _____

DO YOU WANT US TO NOTIFY PUBLIC SAFETY FOR EMERGENCY EVACUATION NEEDS (For individuals with mobility impairments who are unable or have great difficulty using stairs to exit a building)?

YES NO

DO YOU WANT US TO NOTIFY ILLINOIS DIVISION OF REHABILITATION SERVICES (DRS)?

YES NO ARE YOU A CURRENT MEMBER? YES NO

NOTE: STUDENT SIGNATURE, OR THAT OF THE PERSON COMPLETING THIS FORM, GRANTS DSS PERMISSION TO NOTIFY TEACHERS. DSS WILL NOTIFY THE OFFICE OF PUBLIC SAFETY AND DRS ONLY IF STUDENT CHECKS THESE ACCOMMODATIONS.

SIGNATURE _____ DATE _____

*NAME _____ DATE _____

(*PERSON COMPLETING FORM (IF OTHER THAN PERSON REQUESTING SERVICES))