# APPLICATION FOR SERVICES

*Please Print Legibly In Ink or Attach a Typed Version*

## STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender:</td>
<td>Email:</td>
</tr>
<tr>
<td>Home Phone #:</td>
<td>Cell Phone #:</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>Street</td>
<td>City</td>
</tr>
</tbody>
</table>

## STUDENT STATUS

- [ ] I am applying to Regis College
  - Semester/Year: ____________________
- [ ] I am a current Regis College Student
  - Class Year: ____________________
  - Year of Graduation: ____________________

- [ ] Yes    [ ] No Are you a client of MRC, MCDHH, MCB, DMH or any other state affiliate agency?
- [ ] Yes    [ ] No Are you a client of Veteran’s Affairs Rehabilitation?

Please describe your disability in your own words with notation of any functional issues you feel does impact your academic life. *Please use the back of this form and/or attach additional pages as needed.*

If you require any accommodations on campus, then you may be asked to provide the following:

1. Application for Services
2. Intake Form
3. A verification of disability form (completed by a professional)
4. The necessary documentation, which may include specific verification forms.

This documentation will be used to determine eligibility under the **Americans With Disabilities Act (ADA).**

*July 2014*