

**UNIVERSITY OF MAINE AT FARMINGTON**  
**Academic Support for Students with Disabilities**  
**Franklin Hall, 252 Main Street, Farmington, ME 04938**

APPLICATION FOR SUPPORT SERVICES

\_\_\_\_\_ Date

Name \_\_\_\_\_ Female \_\_\_\_ Male \_\_\_\_

Social Security Number \_\_\_\_\_ Date of birth \_\_\_\_\_

Are you a client of: Vocational Rehabilitation \_\_\_\_  
Dept. of Veterans' Affairs \_\_\_\_  
Other \_\_\_\_\_

Name of counselor \_\_\_\_\_

Campus/Local Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Campus/Local Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Academic Major \_\_\_\_\_ Advisor \_\_\_\_\_

Check all that apply:

- |                                   |                               |
|-----------------------------------|-------------------------------|
| ____ Hearing Impairment           | ____ Visual Impairment        |
| ____ Learning Disability          | ____ Mobility Impairment      |
| ____ Head Injury                  | ____ Psychological Disability |
| ____ Upper Body/Extremities       | ____ Chronic Illness          |
| ____ Other (please specify) _____ |                               |

Please describe how your disability affects your academic studies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate support services you are interested in. Any accommodations you receive will need to be supported by the documentation you provide.

- |  |  |
|--|--|
| <input type="checkbox"/> Readers                   | <input type="checkbox"/> Books on tape         |
| <input type="checkbox"/> Tape recorder             | <input type="checkbox"/> Extended test time    |
| <input type="checkbox"/> Sign language interpreter | <input type="checkbox"/> Laboratory assistance |
| <input type="checkbox"/> Classroom accommodations  | <input type="checkbox"/> Notetaker/scribe      |
| <input type="checkbox"/> Tutor                     | <input type="checkbox"/> Medical single        |

Other \_\_\_\_\_

### Release of Information

**For the purpose of obtaining adjustments and accommodations, I give Claire Nelson permission to release the following information regarding my disability to faculty, staff and other appropriate parties:**

- only that I have a documented disability**
- the nature of my disability**
- Any information related to my disability that might help in the understanding of my special needs and provision of services.**

\_\_\_\_\_  
**Signature**

Claire Nelson  
Coordinator of Academic Services for Students with Disabilities  
(207) 778-7295

UMF does not discriminate on the basis of race, religion, sex, sexual orientation, national origin or citizenship status, age, handicap, or veteran's status and shall comply with Section 504, Title IX, and the ADA in employment, education, and all other areas of the University.



