



**Disability Support Services**

6200 Frank Ave. NW  
North Canton, Ohio 44720-7299  
(330) 494-6170 Ext. 4935  
Fax (330) 305-6629

E-mail: [disabilityservices@starkstate.edu](mailto:disabilityservices@starkstate.edu)

**Application for Disability Support Services**  
(Please email back to above address)

Date of Birth: \_\_\_\_\_ Stark State Student ID: S00 \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Preferred e-mail: \_\_\_\_\_

Please describe your disability and how it affects your ability to function on a college campus. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any current medications and/or therapies you are receiving. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What accommodations have you previously used? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list the accommodations and services you are requesting. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand I must submit documentation of my disability and meet with a counselor from the Disability Support Services office prior to receiving academic accommodations.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_