



## Disability Resources Registration/Request for Services

### Academic Success Center - Disability Resources

Savitz Hall, 304  
201 Mullica Hill Road  
Glassboro, NJ 08028  
(P) 856-256-4259  
(F) 856-256-4438

Check all that apply:

- |                                       |                                   |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Athlete      | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> EOF          | <input type="checkbox"/> Veteran  |
| <input type="checkbox"/> Rowan Choice | <input type="checkbox"/> Other    |
| <input type="checkbox"/> Rowan Select |                                   |

### I. STUDENT INFORMATION

STUDENT NAME _____		Date of Birth _____	STUDENT BANNER ID # _____
I am a: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior		My First Semester at Rowan Is/Was: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20__	
ADDRESS _____			
CITY _____	STATE _____	ZIP _____	HOME PHONE _____
ROWAN E-MAIL ADDRESS _____		MOBILE PHONE _____	
PERSONAL E-MAIL ADDRESS _____			

### II. DOCUMENTATION OF DISABILITY

1. Briefly describe your disability (diagnosis).

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2. Briefly describe the accommodations that you believe are necessary.

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STUDENT SIGNATURE _____	DATE _____
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Feel free to call or stop by the office in Savitz Hall 304 if you have a problem or concern.