



Accommodation Application for Disability Services

Employee Information				
Name	CWID	SSN (Last 4 digits)	Date of Birth	
Street Address	City		State Zip	
Local Phone		Cell Phone		
History				
Date of onset of Disability	Medications, if applicable			
Description of Disability				
Name of Vocational Rehabilitation Counselor (DARS)		City		
List previous work related accommodations provided				
Confidentiality Statement				
I give disability services permission to discuss the nature or type of my disability-related needs with Texas A&M-Commerce faculty/staff as needed to provide appropriate services and accommodations. (Double click on selected box, under "default value" select "checked", click "OK".)			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Disclaimer and Signature				
<p>Privacy Statement: With few exceptions, you are entitled on your request to be informed about the information Texas A&M-Commerce collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have Texas A&M-Commerce correct information about you that is held by us and that is incorrect.</p> <p>Identification Disclosure: Disclosure of your Identification number is requested because it is a unique identification number which is maintained for the purpose of ensuring tracking and accuracy of employee's information. The disclosure of such information is voluntary. Disclosure of your identification number will be governed by the Public Information Act (Chapter 552 of the Texas Government Code.</p>				
Signature:			Date	
Name of person completing this form (if other than self)			Date	

Please print this form, sign and return to Texas A&M-Commerce, Vice President Business & Administration, P.O. Box 3011, Commerce, Texas 75429-3011