

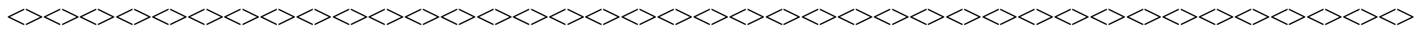
STUDENT INFORMATION SHEET

SPRING _____

SUMMER _____

FALL _____

20_____



NAME _____
First Middle Last

Name which you prefer to be called: _____

Birthday: _____/_____/_____
Month Day Year

Do you live on campus? Yes No If yes- _____
PLEASE SELECT ONE Residential College Room #

Local Mailing Address: _____
Street or Box No. City State Zip

Local Phone Number: _____ - _____ - _____ Cell Number: _____ - _____ - _____

EMAIL ADDRESS YOU USE: _____

PARENTS' NAME: _____

Home (Permanent) Address: _____
Street or Box No. City State Zip

Home Phone Number: _____ - _____ - _____

Emergency Contact Name: _____

Emergency Contact Number: _____ - _____ - _____

Present Year (select one): Freshman Sophomore Junior Senior

Will you graduate this year? Yes No If yes, which semester? Fall Spring Summer
PLEASE SELECT ONE PLEASE SELECT ONE

Major: _____ Minor: _____

Do you have a Vocational Rehabilitation Counselor? Yes No
PLEASE SELECT ONE

If yes, what is your Counselor's Name? _____

Did you receive a copy of our Policies and Procedures? Yes No

Staff Signature: _____ Student M#: _____ Date: _____

RELEASE FORM

I, the undersigned, give the director, program coordinator and staff of the Office of Student Disability Services program permission to release and/or obtain information concerning my diagnostic testing, grades, and other information to/from instructors, parents, assigned tutors, vocational rehabilitation counselors, and Murray State University administrative staff as necessary. This information will be used to assist the SDS staff in providing services to me. I understand that these individuals will keep this information confidential. By typing in your name you are signing and agreeing to the above information.

Signature: _____

M#: _____

Date: _____

FIRST FLOOR HOUSING INFORMATION

Kentucky law requires that students who have a disability, or a sensory, cognitive, or neurological deficit or impairment, or a learning disorder, minimal brain dysfunction, dyslexia, pervasive developmental disorder, autism, or Asperger Syndrome be given priority for the first floor housing assignments. If you have a disability or condition, as noted above, and desire a first floor housing assignment, contact the Coordinator for Administrative Services at the Murray State University Housing Office, phone number: 270-809-2310, to request a "Housing Request Re: First Floor Housing Assignment". ***PLEASE NOTES THAT FIRST FLOOR HOUSING ASSIGNMENTS ARE ONLY AVAILABLE IN CLARK, RICHMOND, FRANKLIN, AND SPRINGER COLLEGES. (SPRINGER IS AVAILABLE FOR FEMALE STUDENTS ONLY.)***

Testing Accommodation Request Form

NAME: _____

DATE: _____

Accommodation Needs (select)

ALT. Test Time
(if conflict exists because
of other classes)

CLASS _____

SCRIBE

Section: _____

READER _____

Time/Day: _____

COMPUTER

Professor: _____

CLASS: _____

SCRIBE

Section: _____

READER _____

Time/Day: _____

COMPUTER

Professor: _____

CLASS: _____

SCRIBE

Section: _____

READER _____

Time/Day: _____

COMPUTER

Professor: _____

CLASS: _____

SCRIBE

Section: _____

READER _____

Time/Day: _____

COMPUTER

Professor: _____

CLASS: _____

SCRIBE

Section: _____

READER _____

Time/Day: _____

COMPUTER

Professor: _____

Additional Accommodations: (Select)

Kurzweil

CCTV

Enlarged Text

Other

EMAIL ADDRESS: _____

M #

Notes:

Test Dates

Please provide us with a list of test dates for this semester. Please check Canvas and your syllabuses for each class.

Class: _____

Test Dates:

Section: _____

Professor: _____

Time/Day: _____

Class: _____

Test Dates:

Section: _____

Professor: _____

Time/Day: _____

Class: _____

Test Dates:

Section: _____

Professor: _____

Time/Day: _____

Class: _____

Test Dates:

Section: _____

Professor: _____

Time/Day: _____

Class: _____

Test Dates:

Section: _____

Professor: _____

Time/Day: _____

Class: _____

Test Dates:

Section: _____

Professor: _____

Time/Day: _____

AGENCY VOTER REGISTRATION RIGHTS AND DECLINATION
The Office of Student Disability Services

(Name)

(COUNTY of Residence - Permanent)

(State of Residence - Permanent)

(M#)

(Date of Birth)

REGISTERING TO VOTE: If you are not registered to vote where you live now, would you like to apply to register to vote here today?

YES	NO	ALREADY REGISTERED

IF YOU DO NOT CHECK ONE OF THE BOXES ABOVE, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. By typing in your name you are signing and agreeing to the above information.

Applicant's Signature

Date

VOTER REGISTRATION RIGHTS

If you register to vote or decline to register to vote, this decision and any information regarding the office to which the application was submitted remains confidential and is used only for voter registration purposes.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may complete the application form in private, if you desire.

If you complete a voter registration application form, it will be forwarded to your local county clerk who will assign you a voting precinct. A confirmation notice with your precinct and voting location will be mailed to you by the county clerk. IF YOU DO NOT RECEIVE SUCH NOTICE WITHIN THREE (3) WEEKS, PLEASE CALL YOUR COUNTY CLERK.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register, or in applying to register to vote, or your right to choose your own political party or other preference, you may file a complaint by writing or calling the State Board of Elections, 140 Walnut Street, Frankfort KY 40601, phone 1-800-246-1399.

Please note that KRS 116,045(2) requires the clerk to close all registration 28 days prior to any election. If your application is received during this period, you will not be eligible to vote until the next election.