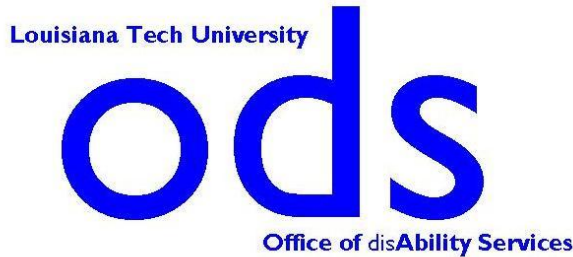


# Disability Services Registration



**Louisiana Tech University  
Office of Disability Services  
P.O. Box 3009  
Ruston, La 71272  
318-257-4221  
Fax: 318-257-2969**

Date: \_\_\_\_\_ Quarter: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Student ID: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Local Address: \_\_\_\_\_  
Street City State Zip

Local Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(Once applicant becomes enrolled, correspondence will only be through @latech.edu account assigned to all students.)

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's Address: \_\_\_\_\_  
Street City State Zip

Current Classification: \_\_\_\_\_ Full-time or Part-time  
(Freshmen, Sophomore, Junior, Senior, or Grad Student) (Circle One)

Have you previously registered with this office: \_\_\_\_\_

Please describe the challenges you experience in the academic environment: \_\_\_\_\_

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**Louisiana Tech University  
Office of Disability Services Eligibility**

In order to receive services from the Office of Disability Services, students must provide appropriate documentation. The following list explains what Louisiana Tech University considers sufficient documentation.

A written report must be submitted to the Office of Disability Services. The following criteria must be included in the report:

- Diagnostic documentation that is current within three years.
- Diagnosis with specific evidence of a disability.
- Symptoms of the disability (a detailed description of how the disability affects the students.)
- Test scores that support a medical, cognitive, or learning disability.
- Medications and any adverse effects.
- Recommendations regarding necessary accommodations the student will need.
- Appropriate documentation for any type of physical disability.

Louisiana Tech University will accept documentation from one of the following case appropriate professionals:

Licensed Psychologist	Physical/Occupational Therapist
Medical Doctor	Psychiatrist
Neurologist	School Psychologist
Ophthalmologist	Speech Pathologist/Audiologist

**The ODS does not accept the following documentation:**

1. IEPs or Education Plans will not provide us with all the information we need; however, these do provide helpful information.
2. **We do not accept a doctor's order from a doctor's pad. We require that anything submitted by a doctor be put on an official letterhead.**

Upon submitting your documents, the Disability Committee will meet to determine appropriate accommodations. If additional documentation is necessary, you will be notified by the Committee.

**Please note: Every effort will be made to accommodate special housing requests. However, these requests are subject to availability at the time of the request.**

When registering at our office, we ask that you come by so that we may personally meet with you and/or a family member. Upon your arrival, you will be asked to complete some standard paper work, including a release for that enables our access to necessary information and a form that grants consent for the office to contact a family member if necessary.

The Office of Disability Services strives to assist you in obtaining the accommodations you need to assure your academic success. If you require additional assistance, please come by our office or contact us at any time.

**Office of Disability Services  
318 Wyly Tower, P.O. Box 3009  
Ruston, LA 71272  
Office: 318-257-4221  
Fax: 318-257-2969**

## AUTHORIZATION FOR RECORDS RELEASE

I, \_\_\_\_\_ (full name of student), hereby authorize \_\_\_\_\_ individual or organization holding the medical/psychological/educational records) to release to the Office of Disability Services information concerning my disabilities and recommended accommodations.

I understand information provided to the Office of Disability Services and/or portions of this information shall be disseminated to certain individuals or departments of Louisiana Tech University on an as needed basis, otherwise this information shall be kept confidential.

Full Name of Student or  
Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization for Records Release to  
Parent/Guardian/Attendant/Teacher**

I, \_\_\_\_\_  
give permission for a parent, family member, personal care attendant,  
or teacher to check on, assist, council, or notify me of any items of  
business that need to be addressed on my behalf while attending  
Louisiana Tech University.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Witness