

**WEST VIRGINIA UNIVERSITY
OFFICE OF DISABILITY SERVICES**

**EXTENDED LEARNING/ONLINE CLASSES
APPLICATION FOR DISABILITY SERVICES**

Date: _____ Date of University entrance (mo/yr) _____

Name: _____

Last

First

Middle

Student ID#: _____ Date of Birth: _____

Address: _____

City

State

Zip

Telephone number: _____

Area code

E-mail address: _____

Major: _____

Why are you seeking services? _____

What is your disability? _____

I understand that I am authorizing the WVU Office of Disability Services to receive, review and evaluate documentation in order to determine my eligibility and, if eligible, to arrange for reasonable accommodation.

Signature

Date

Please fax along with documentation of disability to (304) 293-3861 or mail to:
WVU Office of Disability Services
G30 Mountainlair, PO Box 6423
Morgantown, WV 26506-6423