

Are you currently under the care of a Physician, Psychologist, Psychiatrist, Counselor or other Medical Specialist? ____ Yes ____ No

If you are under current medical care please fill out the following information:

Treating Specialist Name: _____

Treating Specialist Phone: (_____) _____ - _____

Treating Specialist Name: _____

Treating Specialist Phone: (_____) _____ - _____

It is the student's responsibility to provide documentation verifying disability and the need for accommodations.

The student should understand that Snow College Accessibility Services is not responsible for contacting medical personnel to gain documentation.

The student must provide sufficient documentation to establish disabilities.

Do you wish to register to vote through Snow College Accessibility Services? ____ Yes ____ No
If you do not check either box, you will be considered to have decided not to register to vote at this time.

If you would like to help in filling out the voter registration application, we will help you. The decision about whether or not to seek or accept help is yours. You do not have to register to vote to receive services from Snow College Accessibility Services. If you believe that someone has interfered with your rights to register or to decline to register to vote, you may file a complaint with the Office of the Lieutenant Governor, State Capitol Building, Salt Lake City, Utah 84114, (801)-538- 1041.

If I am accepted, I understand that I must request accommodations, academic adjustments, or auxiliary aids in each semester, for each course or activity that I desire accommodations.

This agreement must be signed to receive services

Signature

Date